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Multiple formats in the collaborative application of the "as if" technique in the process of family therapy supervision

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**Multiple formats in the collaborative application of the “as if”
technique in the process of family therapy supervision**

St. George, Sally Ann, Ph.D.

Iowa State University, 1994

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Multiple formats in the collaborative
application of the "as if" technique in the
process of family therapy supervision

by

Sally Ann St. George

A Dissertation Submitted to the
Graduate Faculty in Partial Fulfillment of the
Requirements for the Degree of
DOCTOR OF PHILOSOPHY

Department: Human Development and Family Studies
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For the Major Department

Signature was redacted for privacy.

For the Graduate College

Iowa State University
Ames, Iowa

1994

ii

to all those who
have touched
me

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So the stories that rise up out of the group become over time, both extremely personal and quite eternal, for they take on a life of their own when told over and over again.

--C. P. Estes,

The Gift of Story: A Wise Tale About What Is Enough

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Thanks to Dan Wulff whose constant inspiration and humor helped me to maintain my motivation and meet my deadlines, even when my interest was waning.

We have given each other the gift of story.

ABSTRACT

Experiences with using two different formats of the "as if" listening technique in the process of family therapy supervision were chronicled. The "as if" process involves listening and reacting from a position other than one's usual or preferred position. This other position is one of a multiplicity of versions or understandings of how one would act from that position and is not measured by how accurately it matches the behaviors of those who actually occupy those positions.

Participants' comments about the application of "as if" processes in supervision were organized into categories according to the Tesch (1990) scheme. The Major Categories that emerged from the data were: *"Experimenting" with the Format, Empathizing with Clients, Applying "As If" to Families, Growing Personally and Professionally, Creating a Safe Environment, Generating New Ideas, and Research as Relationship*. Under the umbrella of Unique Categories were: *Therapy and Supervision Isomorphism, Comparing "As If" to Role Play, Work Setting, and Research as Intervention*. In the closing set of discussions, the author highlights the category *Research as Relationship* with an interpersonal account of her experience conducting the study. Subsequent discussions of the analysis from two other "as if" positions illustrate "as if" thinking regarding the entire work.

CHAPTER I

INTRODUCTION

Veteran clinicians "in the trenches," facing overwhelming caseloads and human pain, are often on the lookout for new and different ideas to reduce or control the pressures and stresses in clinical work (Coleman, 1985; Kestnbaum, 1984; Rambo, Heath, & Chenail, 1993; Sherman & Fredman, 1986). Novice clinicians are anxious to rapidly gain experience and knowledge, thereby increasing their confidence in themselves as therapists. This qualitative study focused on the supervisory process, a system analogous to therapy in which supervisors provide an "outside voice" to a therapist's thinking in an effort to contribute to the knowledge base and the repertoire of clinical skills of experienced marriage and family therapists, and to the advancement of novice therapists.

Using supervisor/supervisee teams as the units of study, this project incorporated a variety of applications of "as if" positions in the supervisory setting. A variety of means were utilized for collecting information from the supervisors and supervisees regarding their experiences with "as if" positions. The purpose of this project was to document different ways of utilizing "as if" positions in the supervisory context and to report on the participants' experiences.

The "as if" technique is one that Anderson (1993a, 1993b) developed in her work as an internationally known presenter and case consultant. It is an activity in which a supervisee (in the context of this study) listens to others speak from positions or stances of other human beings. These listening positions are different from the listener's usual positions, that is, those ordinarily based on his/her own experiences. Rather, they are adopted roles assumed for the purpose of creating multiple understandings and perspectives. Put another way, the "as if" technique can be part of a process for a supervisee to become aware of questions, answers, and thoughts that he/she had not previously considered.

For example, imagine Niagara Falls. Many tourists have claimed that viewing the falls from the American side is significantly different from viewing them from the Canadian side. The shape, expanse, and coloration are not the same from the two sides of the border, yet they are both views of the same waterfall. To expand this point even further, the views vary with the change in seasons, weather conditions, time of day, or by one's emotional state. It is still the same natural wonder, but it looks different given varying circumstances. The ability to see Niagara Falls from different perspectives is akin to listening to an account of the same conversation described by different people. A conversation can sound very different when described by

different people, just as Niagara Falls looks very different when described from different observation points.

The Assumptions Guiding Choices Within the Study

. . . it is hard for one who is aware of the truth to judge effectively its disguise.

--John Barth, *The End of the Road*

The content, questions, and methods of inquiry in this study are derived from social constructionist and feminist academic ideas. The specific assumptions that influence this research are as follows:

1. Theorists such as Morawski (1990), Reinharz (1985), and Lather (1986) advocate the explicit declaration of the assumptions held by a researcher. As in therapy and theory construction, these assumptions drive the questions that are posed, guide research design, and influence findings (Avis, 1986; K. J. Gergen & M. M. Gergen, 1991). Therefore, a key principle in this work is that assumptions must be stated immediately. The very act of publicizing these assumptions "puts them on the table" in such a way that places the content in context. With the context clearly specified and articulated, the reader has a lesser chance of misinterpretation, and the writer is acting responsibly (McNamee, 1988; Reinharz, 1985).

2. Professional language serves as a means to inform a certain audience, namely, the professionals within that

particular domain. It also possesses the ability to exclude or to open or limit possibilities. In keeping with the objective of describing other people's experiences to a wide audience, the writing in this research will be plain and straightforward, with an absence of professional jargon (Anderson, 1990; Anderson & Goolishian, 1990; Furman and Ahola, 1992; Limerick, 1993; Maguire, 1987; Polkinghorne, 1988; Richardson, 1988; Van Maanen, 1988).

3. Researching human behavior is generative when behavior is viewed as having multiple meanings, occurring in a sociohistorical context, and as fluid and changeable (Belenky, Clinchy, Goldberger, & Tarule, 1986; K. J. Gergen, 1982; Goolishian & Anderson, 1987a; Lincoln & Guba, 1985). "Generative" is used here in the same sense that K. J. Gergen (1992) articulates it in conceptualizing generative theory. It is that which is "designed to unseat conventional thought and thereby to open new alternatives for thought and action" (p. 27).

4. Research is a social phenomenon. Therefore, participants, those who comment from diverse stances, are engaged in a relational process of inquiry that is reflexive in nature and takes place in dialogue (Acker, Barry, & Esseveld, 1991; K. J. Gergen & M. M. Gergen, 1991; M. M. Gergen, 1989b; Jayaratne & Stewart, 1991; McNamee, 1988; Morawski, 1990; Oakley, 1981; Steier, 1991). Participants in

this research express their views in their own ways which acknowledges the idea that research is most beneficial when conducted collaboratively. The researcher is neither neutral nor silent; he/she shares his/her ideas in the process of research.

5. Marital and family therapy is a collaborative process of conversational exchange in which multiple perspectives are generated (Goolishian & Anderson, 1987b, 1992). New and additional views aid in the creation of viable alternatives for change (Anderson, in press). Furthermore, the process of marital and family therapy supervision is isomorphic to the therapy process (Liddle, 1988), and through dialogue in the supervisory context, change and fresh thinking emerge (Anderson & Rambo, 1988).

Purposes of the Study

For in light of new knowledge, she was questioning everything.

--David Leavitt, *Family Dancing*

The first purpose of this study was to gather information on the structure, utility, and benefit of the "as if" technique in the process of family therapy supervision. Variations in the supervisee and supervisor's perceptions, along with the supervisor/supervisee relationship, were examined. The first research question of interest was: "What

is the experience of including the 'as if' technique in the supervisory process?"

A second purpose of this study was to incorporate some of the ideas advanced from a postmodern, feminist research perspective. These ideas suggest creating an opportunity for those who participate in a research study to have a say in the development and product of a study (M. M. Gergen, 1989b; Roberts, 1981). Thus, voices or opinions that have otherwise been given attention marginally (ignored or minimized) give legitimacy to a multiplicity of perspectives. This multiplicity carries the potential to further link research, theory, and practice in the area of marital and family therapy supervision (Gilgun, Daly, & Handel, 1992; McNamee, 1988; Oakley, 1981). The second question of inquiry was: "What are the commonalities and differences within and between the supervisor/supervisee teams in the meanings generated from this experience of including the 'as if' technique in the context of supervision?"

CHAPTER II

REVIEW OF RELATED LITERATURE

Understanding the "As If" Technique

He listens with an intensity most other people only have when talking.

--Jane Wagner,

The Search for Intelligent Life in the Universe

The "as if" technique is a listening and speaking activity. It is a form of listening whereby a listener purposefully listens to a story from an imagined point-of-view other than his/her own in order to provide new learning for the storyteller. Then the "as if" listener responds to the storyteller from this same vantage point. For example, a school conflict situation could be viewed from a number of different positions or points-of-view. While the story of the school conflict is being described by the storyteller, one listener (for example, a parent) could listen from the position of the vice-principal while another listener (the child involved) could listen from the position of his/her parent. The listener (from the vice-principal's point-of-view) reacts to the story and speaks "as if" he/she were the vice-principal, not in a perfect replication of what the real vice-principal would say or do, but rather as that role is imagined by the listener. Likewise, the listener who adopted the parent position would speak "as if" he/she were, indeed,

that parent. The listeners then return to their own personal points-of-view, and a discussion ensues regarding the experience of listening and speaking from these different vantage points. The original storyteller enters into this discussion, giving feedback regarding the ideas generated from the exercise.

The "as if" technique is grounded in the act of listening within dialogue. It is a listening and meaning-making exercise. It is a vehicle by which one (a supervisee in the context of this study) listens to other people speak ("as if" listeners in the context of this study) from adopted positions. The supervisee has the opportunity to consider alternate interpretations based on the "as if" listeners' responses that may not have been considered otherwise.

The "as if" technique creates two different positions of listening and speaking. The supervisee is considered to be in the central listening position in this study, and this position will be referred to as the supervisee position. The supervisee's primary task is to listen to those who articulate "as if" experiences, feelings, and reactions. The second listening position is occupied by those participants adopting "as if" positions, that is, those who take on roles other than their own.

The "as if" listening positions are for the benefit of the supervisee; they enable the supervisee to listen in new

and different ways. It is the interpretive aspect that generates multiple perspectives from which the supervisee can make new meanings. Thus, the supervisee can listen to the internal and external voices of self and others, as he/she reconsiders previous thought, assumptions, and understandings. This is not to say that the supervisee alone creates new meaning. The meaning comes into being in the "interactive moment" which is "one of uncertainty" (Shotter, 1993b).

The basic idea of using "as if" positions in life, supervision, or therapy is not, in and of itself, innovative. Part of the value of the "as if" exercise lies in its reintroduction of the common and the obvious with an unusual connection to novelty and uniqueness. Nor is the use of "as if" positions limited to an exclusive audience. In a "daily" type of example, we find that people make repeated requests of one another to "see things my way for a change," or "if you were in my shoes, you could know what I mean." In the clinical setting, a supervisor might ask a therapist to describe feelings from a personal experience that might resemble a client's dilemma. Often in early training, some initial experience is acquired through role-playing. Playing the role of the therapist and/or a client offers a double-sided experience (Pirotta & Cecchin, 1988). In group therapy, a technique called "doubling" (Grotjahn, Kline, & Friedmann, 1983; Ormont, 1992) is used for enhanced understanding. It is

characterized by identifying with another person and articulating what is believed to be very similar positions for both individuals.

This idea of learning to see things as though an individual were someone else or from another vantage point is not limited to therapists. Actors, firefighters, pilots, astronauts, teachers, police officers, and many other professionals are trained via methods that include a pretend component (Becvar, 1974; Hare, 1985; Kipper, 1986; Wilshire, 1982). In other words, they practice in situations that are not actual but simulate the "real thing" as closely as possible, to give the most realistic experience. The simulated situation can only approximate an actual occurrence and, therefore, is imaginary. This is where the "as if" technique deviates from role-playing. Role-playing accentuates learning gained from enacting a new role, while the "as if" exercise locates the learning primarily in listening (supervisee position) to others who occupy enacted roles ("as if" positions).

What the "as if" exercise does, as demonstrated by Anderson (1993a, 1993b), is both formalize and make explicit the benefits of paying more than cursory or momentary attention to how another person might think, feel, interpret, or react. Unlike techniques which emphasize experience, personal identity, and empathic understanding, the "as if"

technique promotes the creation, in conversation, of fluid, changing, inconsistent, and new meanings (Anderson, 1993a, 1993b).

The "as if" exercise, in all of its obvious simplicity, may be compared and contrasted with Tom Andersen's reflecting team work (1987, 1991a, 1991b). The reflecting team process can be described in the following summary: the reflecting team is a group of therapists who act as part of an observing system in therapy. Observing from behind a one-way mirror or in the therapy room with the clients, the team listens to and observes the therapist/client system. At a certain point in the interview, the therapist calls upon this observing team to share their reflections with the client who then takes up the listening position. Individual reflections, which are the observers' impressions, questions, reactions, or versions of what was heard, are delivered using only positive language. Each reflection, slightly different from all the others, tends to stimulate even more interpretations for the therapist/client system to discuss when the reflecting team is finished.

A hallmark of Andersen's philosophy (1987) is that when an environment for open and safe talk is created, therapy will be successful. Space for talking and thus creating one's self is contingent upon the act of listening (Andersen, 1992). Reflecting teams mark a move into a mode of listening in which

the concentration is on listening in new and different ways. A value of reflecting teams is in their format of switching back and forth from positions of listening to speaking and back again. Clearly demarcating each position adds to the clarity of communication and to the generation of differing perspectives.

Similar to being a member on a reflecting team, participating in an "as if" exercise encourages a move into a space where creative listening is alternated with speaking. Therefore, reflecting teams and the "as if" technique share listening as their common ground. The "as if" format departs from the reflecting position in that the "as if" listener adds a bias or perspective that is not his/her own.

Anderson's (1993a, 1993b) contribution is that she has formalized the process of a specific listening mode by assigning a segment of a larger group the task of listening to a presented therapy case from one and only one position, not from their own positions, but "as if" they were the assigned person him or herself. At this point, Elkaim (1990) might applaud such attention to a system's unique qualities or "singularities," as he calls them, through the employment of a pretend strategy. He might also emphasize the strong connection between different perceptions as an impetus for change in the therapeutic arena. The intent of "as if"

positions is to create changes in the ways supervisees think and speak therapeutically (Anderson, 1993a, 1993b).

In discussing the origins of this technique, Anderson (personal communication, October 4, 1993) reported that the idea was conceived in an effort to talk to groups of therapists who came from a range of theoretical orientations. Given the different levels of familiarity with systemic thought, she tried this approach to accommodate the differences in the group and still maintain appeal to all workshop participants. In other words, this was her way of teaching systemic thought and practice to groups in which the breadth of experience regarding systems thinking ranged from being highly knowledgeable to having little experience.

Recently, Anderson (1993a, 1993b) has introduced the "as if" technique into practice in large groups. Each time, it was demonstrated as part of a case consultation. The activity is structured as follows:

1. The therapist lists the cast of characters in the chosen case. These are written on a blackboard or easel.
2. Then the large group is divided into a number of smaller groups equal to the number of listed players. Each group is assigned the role of one of the characters with the instruction to listen to all of the subsequent information "as if" they were that person.

3. The therapist is asked to supply certain pieces of information to the entire group. First, the question of why this case/situation was chosen is raised. This is followed with a question about the therapist's agenda or expectation of what this case consultation may yield. The third question is about what the therapist thinks the entire group needs to know about this particular case.

4. When the summary is complete, the smaller groups discuss the reactions emanating from their assumed roles; the therapist is encouraged to eavesdrop on each of the smaller groups.

5. After a reasonable amount of time, each group selects a representative who summarizes for the larger group the members' reactions to what they heard. This representative speaks "as if" he/she were the assigned character.

6. After each group has had the chance to inform the therapist from the various positions, the therapist is free to comment on his/her experience of listening to those speaking from "as if" positions.

Admittedly, this is an experience that relies upon the imagination because we can never know the characters about whom we are talking (nor is it necessary), but it provides a segue toward "multiple understandings that might create more useful choices" (S. McNamee, personal communication, November 10, 1993). It can break participants ("as if" listeners) away

from the mold of trying to enact the role perfectly or as it "really" is or should be and to encourage them to be interpretive from their unique vantage points. Gurevitch (1988) makes the case that understanding occurs from acknowledging differences, not similarities. For example, in the exercise just described, a therapist might be asked to listen "as if" he or she were a school principal, or a lawyer, or a member of the opposite sex, or a considerably older or younger individual. He/she would be forced to imagine that role somewhat, due to the lack of first-hand familiarity with that role. This is regarded as an advantage, not a disadvantage.

"As if" thinking has the potential, by overtly recognizing that this exercise must rest in the imagination, to move us toward Gurevitch's (1989) fourth step to more complete understanding. He labels this step as the ability to not understand. Gurevitch's (1989) circle of understanding begins with the inability to understand, flowing into the condition characterized by the ability to understand. This transition is accomplished by each involved party explaining his/her worlds as they are experienced. Ability to understand is premised upon this core assumption: that which is common yields bondedness and that which is not common to the discussants does not enter into the dialogue. When the differences between the parties are ignored, they enter into

the inability to not understand, "in which new understanding is often only a new version of old understanding, which cannot be opened to new thought" (p. 163). However, with supplementary information, the shift to the ability to not understand can occur. This is the critical fourth step, "the ability to recognize and behold the other (or the self) as an other. In a moment of not understanding, what had been considered 'understood' is relinquished as mere image" (p. 163).

Anderson's "as if" notions send a similar message: we cannot truly and totally understand one another, nor is it necessary. Temporarily suspending personal belief systems (including what was previously thought to be understood), to think very differently, "as if" one were under the influence of alternate belief systems, can open vistas to new understandings of others. This moment of suspending previous understandings is that "moment of uncertainty" about which Shotter (1993b) speaks that provides the opening to understanding things differently.

The beneficial properties of doubts created by uncertainties and fictions possess a rich heritage. Vaihinger (1925) provided a lengthy work dedicated to the philosophy of "as if." He writes that ideas from as far back as the fourteenth century model the value of "fictions" that permeate human life today. In his discussion of the characteristics of

fictions which are part of the basic principles of the philosophy, he writes:

The striking feature of semi-fictions is their arbitrary deviation from reality, that is, their contradiction of it, a contradiction which in the case of fictions reaches the point of self-contradiction. This contradiction with reality shows itself both in the form of the ideas and judgments involved, that is to say in the premises, which do not harmonize with facts, laws and phenomena otherwise known, and also in the conclusions drawn from these ideas and judgments. (p. 97)

Nardone and Watzlawick (1993) summarize Vaihinger's (1925) masterful treatise simply when they write that "we always work with unproven and unprovable assumptions which, nevertheless, lead to concrete, practical results" (p. 14). They even suggest that therapy itself "could very well be called the "Therapy of As If, the therapy of 'planned chance events'" (p. 14).

With multiple understandings, fictions, and assumptions, those engaged in dialogue can participate in the "development of new meanings" (H. Anderson, personal communication, September 23, 1993) which has been one of the goals and outcomes of using the "as if" technique. New meanings invite us to a world of kaleidoscopic perspectives which can fluctuate with changing context. They present an array of

differential meanings and interpretations within and between individuals. A pragmatic consideration in therapy, recognition and appreciation of multiple perspectives, allows therapists to enter a client's world with the potential to picture situations, resources, and necessities in ways that approximate the client's view, disposing therapists to converse and intervene more meaningfully.

The development of new meanings has implications for the issues of assumptions and "dominant" and "marginalized" voices operating within and between individuals in relationship (K. J. Gergen & M. M. Gergen, 1991; Morawski, 1990; Reinhartz, 1985). Embedded assumptions act as guides, albeit invisible ones; to date, insufficient scrutiny of their arcane impact has been conducted.

In an unusual and "experimental" article on reflexive research methodologies, K. J. Gergen and M. M. Gergen (1991) repeatedly stressed through hypothetical data rotation (permutations of the possible results of one data set) how forestructures (theoretical underpinnings or assumptions) restrict theory building and the ability to reconfigure and re-interpret experiences. The authors used a hypothetical set of data to investigate the relationship between two levels of self-esteem and two levels of jealousy. They then set forth three alternative sets of results by systematically rearranging and rotating the relationship combinations in a

four-cell matrix. With each rotation of the results, they produced a theoretical argumentation that supported and justified that particular set of results. What was demonstrated was that the theoretical elaboration was dependent upon the assumptions, definitions, and perspectives of the researcher, since the forestructures changed as significantly as the results. Thus, these assumptions, definitions, and perspectives were in excellent working order, but because they were socially and culturally embedded, they remained unspoken, though instrumental in theoretical and logical explanations (Reinharz, 1985). It is this view of forestructures that K. J. Gergen and M. M. Gergen (1991) refer to as the "'known but unsaid'" (p. 82). This work further illustrates that "once . . . localized ontology is accepted, it becomes very difficult to reconceptualize the same 'events' in other terms" (p. 82). Furthermore, they write that "reflexive elaboration (theoretical explanation) . . . reveals the unspoken potentials of the theoretical position" (p. 83).

The point worth reiterating is that assumptions guide, lead, and exert influence over the language, interpretations, and meanings that are generated. They possess the potential to limit the reworkings and creation of new meanings and language if they are not recognized and examined. Therein lies a difficulty with the invisibility of assumptions that Reinharz (1985) addressed simply and elegantly when she wrote

that "it was so taken for granted that it could not be seen" (p. 162).

Tom Andersen (1991a) has foregrounded assumptions in his recent work. He equated the term assumption with "prejudice" and "pre-understanding," not as a negative concept but as one that can engender positive outcomes if its critical role in therapy is realized. He asserted that the therapist can simultaneously work as a practitioner and as a researcher. In this dual role, therapists are predisposed to use their own pre-understandings, or understandings from previous experiences, in the helping process. Researchers are obliged to listen and talk in ways different enough to alter those pre-understandings within a hermeneutic cycle to bring forth new understandings.

Assumptions and "as if" notions exhibit the following relatedness. With exposure to multiple views, our stockpile, our library of assumptions, dramatically increases. This flooding of alternative assumptions can unlock or unsettle personal assumptions whether they have been inherited, borrowed, or adapted over time. Thus, there exists a risk of dislodging the supremacy of personally taken-for-granted presuppositions. Carefully guarded presuppositions then become only one of many legitimate views. Clients' processes and behaviors, especially those that are traditionally unacceptable or thought of as problematic, can be reframed as

logical within the scope of their world view. Herein lies a potential to see the world in ways that surpass individual knowledge.

The "as if" technique makes room for the voices that tend to occupy the edges in therapeutic discourse to be heard alongside the voices that tend to be assumed, well-known, and predominantly used. In general, these voices (often termed "marginalized") refer to those perspectives or agendas that have remained hidden or silenced because they depart from the typically more dominant, historical, and accepted discourse in society (M. M. Gergen, 1988; Goldner, 1993; Morawski, 1990; Smith, 1987). "Marginal" voices may also be referred to as "excluded" (Bordo, 1990), "fractured identities" (Harding, 1986), "a different voice" (Gilligan, 1982), and the "outsider within" (Collins, 1991). They provide alternatives to the standard ways of viewing and talking about the world. They transcend cultural conventions and entertain pluralistic constructions of realities and relationships.

The notion of marginalized as it is used in this research refers to those thoughts or ideas held by individuals as they interrelate with others that remain ignored, minimized, devalued, or unspoken. It refers to those minor voices that all individuals have, or those voices or ideas that, in an interpersonal domain, fail to achieve the same status as the more prominent and predictable ideas. The more common

sociological use of the term "marginalized," is related to the views of oppressed or otherwise isolated peoples. Using the term in this personal and interpersonal sense reflects usage on a microsociological level. In this study, the focus was on supervisors and supervisees in relationship to one another, their clients, and the researchers.

By participating in the "as if" exercise, one has the opportunity for the unsaid within self (Hermans, Kempen, & vanLoon, 1992) and between people to be voiced. Formerly hushed or unconsidered experiences and reactions can be uttered in the safety of a fantasy exercise. What was unrecognized or unspeakable begins to have merit as viable, optional, real, meaningful, and possible. According to hooks (1990), marginality "is also the site of radical possibility, a space of resistance. . . . It offers the possibility of radical perspectives from which to see and create, to imagine alternatives, new worlds" (p. 341).

Using the "As If" Technique in Marital and Family Therapy

Supervision

The two halves form a whole of contrasts and harmonies.

--Jorge Amado, The War of the Saints

Supervision is a system structured by professionals as a means of supplying an outside voice to the new and seasoned practitioner. Saba and Liddle (1986) provide a formal definition of supervision.

Supervision: A continuous relationship between a trainee and a trainer which focuses on the specific development of the trainee's therapeutic abilities within the context of treating families. That is, supervisors assist in the trainee's acquisition of clinical expertise by focusing on their work with specific cases. (p. 111)

This extra voice serves to help check therapists' assumptions and biases so they may proceed in a way that safeguards the entire therapeutic system. It is emphasized here that the therapeutic system includes the client(s), therapist, supervisor, and any team members. Elkaim (1990) makes a cybernetic link between the supervision process and therapy when he says "we cannot speak of a couple and its world views without speaking at the same time of the world views of the therapist and of the supervisor" (p. 100).

There are a multitude of models and issues for the supervision of marital and family clinicians (Liddle, Breunlin, & Schwartz, 1988; Piercy & Sprenkle, 1986). The utilization of the "as if" notions is not intended or proposed as a new form of supervision. Rather, "as if" notions are offered as a tool, an element to be included in the models of supervision already in use by the various supervisory teams. They fit into the sensory shift proposed by Keeney and Ray (1992). In their opinion, the supremacy of the visual in supervision has overshadowed the impact of "the heard." As

their title indicates, they would advise that supervision, at the very least, ranks with *superaudition*. As a special listening strategy, "as if" exercising can become a resource to encourage a continuous awareness of personal and others' embedded assumptions, to foster newness in thinking, to experience freshness in therapy, and to create new meanings (Anderson & Rambo, 1988).

The "as if" technique seems akin to role-playing, another common tool used in the training of therapists. While the tasks are not identical (listening in an "as if" exercise versus acting in a role-play) they do aspire to similar outcomes, that of recognizing different perspectives. Role-plays are an integral part of the Milan Family Therapy Training Program described by Pirrotta and Cecchin (1988). Using actual case material in this method of teaching and supervising, they cite the following purpose and benefit:

Again, the purpose of the role-play is to explore some aspects of a system in interaction; it is not meant to reproduce the actual situation or to offer clinical solutions to the case. . . . In role-plays of clinical meetings or larger consultations, the analysis often offers valuable information about the nature of each participant's position in his or her own system, and in the relational system created around the case or issue under discussion. (p. 49)

Additional support is offered by Elkaim (1990) through his justification of simulation as a supervisory medium.

One of the important aspects of simulations is the message they convey. . . . simulation, above and beyond its underlying rationale, becomes the perfect metaphor in which what is important takes place not in reality but in the intersection of the constructions of reality of the various participants. (p. 104)

Simulation is practiced by Inger and Inger (1992) in their training program at the Family Studies Institute in Portland, Oregon. Using intake data only, a simulation is enacted prior to the family's first interview. The therapist assigned to the case takes the role of the therapist, and a team takes the role of the family. With this minimal amount of information from the intake process, the supervisors aim to deliberately move the team to an experiential domain. They describe their system as one where

the as if quality of hypothesizing is replaced with a simulated construction of the family. A reflective pre-picture is taken and developed. These developed pre-pictures indicate the repertoire of hypothesized pictures prior to the family's corrections. Through dialogue, these pre-conceived pictures are reconstructed as a picture that makes sense to both [family and therapist] of them. (p. 5)

Concentrating on early family therapy training, members of the Department of Social Work at an Australian University (Chable, Buchanan, Condon, Gillies, Langford, Neil, & Sheridan, 1988) have chosen simulated therapy to provide an atmosphere in which adult learning needs, particularly recognition of one's experiences, are met. The advantages they cite for the simulation method mesh with those of the "as if" technique. In this approach, observations can be made from a variety of positions (e.g., therapist, family member) thus influencing conceptual and perceptual development. With such emphasis on full participation, whole group learning ensues; "there are no passive roles" (p. 213) and experimentation is safely maximized.

Anderson and Rambo (1988) have written about a training framework with which they experimented called the "Systemic Case Consultation." While this framework contained a set of three sequences and could appear quite structured, it was both a reflexive and recursive process for those involved. It was reflexive in that the trainees commented upon their experiences as they reflected back and revealed thoughts and feelings that had not previously been voiced (Rennie, 1992). The process was recursive as the new information coming from the trainees was recycled into the framework to create an emergent training design (Anderson & Rambo, 1988).

In the second sequence of this training framework, "if" questions and "as if" reactions were introduced to formulate hypotheses about the case that was presented. The "if" questions were those that trainees "imagined would verify, nullify, or alter their formulations" (Anderson & Rambo, 1988, p. 62). The "as if" reactions came from trainees listening to a case presented from the position of either a therapist or a client. The purposes and advantages of this "if--as if" combination may sound somewhat redundant. Anderson and Rambo (1988) wrote:

This was an important step in learning how to develop formulations and how to conduct client interviews so as to hold multiple realities. It was also an important step in learning how to minimize violating realities and begin to make sense out of familiar data in a fresh way, not because they would have been given an answer but because the types of formulations and questions triggered variety in their own thinking and because they were learning to think about their own thinking. (p. 62)

Two aspects of this training format became clear. One aspect is a freedom (Anderson, in press) to make the covert, and that which was unrealized, overtly known to the group. In this act of speaking to others, people create themselves (Andersen, 1992) and achieve a self-awareness which is a

necessary condition in the reflexive process (Rennie, 1992). The second aspect is one of action, the second and necessary condition for reflexivity (Rennie, 1992). Within the training system discussed here, the action is a responsibility to create hypotheses for clients, peers, and supervisees who accommodate and validate uniquenesses in thinking.

White (1989/90) writes similarly and differently about creating new understandings with what he terms "the process of 'origination'" (p. 33) in supervision. Comparing good supervision to engagement with good fiction, he believes that as supervisees enter into the supervision "story" and begin to make it their own idiosyncratic and original edition, they become the authors of their own direction and development as therapists. Thus, they choose the ways in which "stories of their counselling careers might be told" (p. 36), with attention to varied possibilities.

In summary, the "as if" technique offers some valuable and unique possibilities in the process of family therapy supervision. Some of the uniquenesses as compared to other supervisory techniques follow. Similar to role-plays and simulations, much of the work relies upon a combination of one's experiences and imagination. However, the "as if" technique can be distinguished from a role-play and simulation in that it helps the "as if" listeners practicing within a

role, as well as the supervisee, who listens to those actors in role.

Working in the "as if" mode is more like being a reflecting team member (Anderson & Rambo, 1988) where the team members' reflections need not follow nor be connected to another team member's reflections. In a role-play, however, one's next line is cued by the previous speaker's line to assemble a coherent story line. However, "as if" is not an element of "live" work (Anderson & Rambo, 1988). Rather, it focuses upon the assumptions and the covert thoughts that operate within interpersonal relations. It centers on new ways of talking and generating meanings resulting from new ways of listening to a multitude of legitimate perspectives.

Qualitative Research

His dreams have taken hold of his research.

--Alan Lightman, *Einstein's Dreams*

An overriding concern in the design of this study is attention to the link between therapeutic practice and research practice. Given this, the inclusion of reflexivity in this design is paramount. Reflexivity is defined and discussed in terms of non-neutral interaction. Reflexivity is a "turning back on oneself, a form of self-awareness" (Lawson, 1985, p. 9). Furthermore, "our 'certainties' are expressed through texts, through language, through sign systems, which are no longer seen to be neutral" (Lawson, 1985, p. 10).

Because "as if" (in a practice modality) has already been characterized as a reflexive process, this investigation has also been designed to be reflexive in order to capture the reflexivity involved in the "as if" exercise. Qualitative methods aptly fit the reflexive nature of this inquiry. Interviewing participants about their experience and having them comment both on the content ("as if" technique) and the analysis as it is being developed is consistent with the feminist research concerns surrounding subject-object duality and recognizing, acknowledging and validating multiple perspectives (Acker, Barry, & Esseveld, 1991; Cook & Fonow, 1990; K. J. Gergen, 1992; Harding, 1986).

How clients and therapists "can be enlisted as collaborators in the analysis of their own significant therapy events" (p. 163) is the theme of the work by Elliott and Shapiro (1992). They described the learning that occurred when researchers attended to the varied perspectives of the research personnel as they commented on particular events in therapy. In the present study, all those involved in the research in any capacity had a "voice" in the analysis, at least at two levels. First, they supplied the data; and secondly, they checked the written report.

Using clients in the therapeutic milieu, Rennie (1992) has found that reflexive methods permit an atmosphere where covert aspects of participating in a research project can

become data. "Hence, in the state of reflexivity, the person creates the unspoken, and the intentionality behind the spoken. Unless research strategies are used that access this reflexivity, the researcher's understanding of clients' processing will be either incomplete or misguided" (p. 227).

McNamee (in press) centralizes language in the research process and the reporting of results.

While the physical world is 'out there,' language is our only recourse for coordinating our activities within this physical world. Regardless of what is 'there,' it is our way of talking about what is 'there' that connects or disengages us from others. This way of understanding the research process suggests a reconceptualization of ethics. Our task is to elaborate the processes by which we construct particular views of the world--and these processes are rooted in what we do together--our situated, joint activities.

Thus, the interactions among the various participants, including the investigator, are highlighted in this work.

CHAPTER III

STUDY DESIGN

Agnus: The last really deep conversation I had with my dad was between our T-shirts. His said "Science Is Truth Found Out." Mine said "The Truth Can Be Made Up If You Know How."

--Jane Wagner,

The Search for Intelligent Life in the Universe

Sample

One of the purposes of this qualitative study was to gather information on alternate formats for using the "as if" technique in the supervisory process of marital and family therapy by reporting on the participants' experiences. The second purpose was to conduct the study from a postmodern feminist perspective (M. M. Gergen, 1989b; Harding, 1987; Lather, 1986; Morawski, 1990; Nicholson, 1990; Reinharz, 1985; Roberts, 1981) to learn the meanings the participants attach to the utilization of the "as if" exercise in their supervision modality.

The six teams were chosen in conjunction with a purposive sampling procedure (Lincoln and Guba, 1985). A sample that could supply much variety was actively sought in order to extract a wide variation in information and responses. Therefore, variability in supervisory experience, contextual therapeutic settings, and clinical orientations were

considerations in their selection. Lincoln and Guba (1985) maintain that context and variation in sampling are interconnected:

In naturalistic investigations, which are tied so intimately to contextual factors, the purpose of sampling will most often be to include as much information as possible, in all of its various ramifications and construction: hence, maximum variation sampling will usually be the sampling mode of choice. The object of the game is not to focus on the many specifics that give the context its unique flavor. (p. 201)

Another factor contributing to the selection of the six teams was a matter of convenience. Convenience, in this regard, refers to professional associations with the individuals who were asked to participate and knowledge of their formation as teams. In other words, this researcher invited supervisors and supervisees who worked in a variety of settings and ways, who were in established teams, and who were most likely to say yes to the invitation. Prior to the study, approval was secured by the Iowa State University Human Subjects Committee. All participants were advised of the study procedures and signed informed consent was obtained from each participant.

The unit of study was the supervisor/supervisee team. The study included six teams situated in three different

contexts. One context was an agency located in a midwestern metropolitan area with a population of approximately 250,000 people. This family-based agency provides such services as individual and group counseling and referrals for victims of domestic violence; in-home family therapy for families facing issues of abuse, neglect, or delinquency; and foster home programs for children placed out of the home due to abuse or neglect.

The second setting was a clinic associated with a doctoral training program in marital and family therapy at a midwestern university. The clinic is located on the campus and is staffed by student and faculty personnel in the marital and family therapy department. It caters to primarily a self-referred population in the middle to lower-middle class economic bracket of the general community.

The third setting was an adolescent psychiatric unit in a hospital located in another midwestern metropolitan area. The hospital is a county hospital funded by Medicaid and local tax levies. The psychiatric referrals come from the Department of Human Services, Juvenile Court Services, local school personnel, local pediatricians, and self-referrals. Most clientele come from the lower socioeconomic strata.

In the agency setting, there were two teams. (See Table 1 for more complete demographic information.) The first team, Team I, consisted of a supervisor and five therapists who work

Table 1. Demographic information describing individual supervisory team members

Sex	Age	Highest Degree	Current Clinical Position	Time in that Position	Total Clinical Experience	Theoretical Orientation
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Team I

F	32	M.S.W.	Supervisor/Therapist	1 year	10 years	Family Systems
M	58	M.A.	Therapist	6 years	6 years	Adlerian
F	35	B.A.	Therapeutic Worker	1 month	9 years	
M	25	B.A.	Therapist	1 month	3 years	
M	46	B.A.	Therapist	5 1/2 years	7 1/2 years	Humanistic/Systems
F	28	B.A.	Therapist	8 months	2 years	Systems

Team II

M	42	M.S.W.	Therapy Supervisor	3 months	18 years	Systemic/Social Constructionism
M	31	B.A.	Family Therapist	2 months	2 months	Structural
M	27	M.S.	Family Therapist	2 months	2 years	Social Constructionism
M	41	B.A.	Family Therapist	2 months	2 years	Systemic/Structural

Table 1. (continued)

Sex	Age	Highest Degree	Current Clinical Position	Time in that Position	Total Clinical Experience	Theoretical Orientation
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Team III

*M	46	Ph.D.	Professor/ Coordinator	7 years	25 years	Social Constructionism
M	46	M.A.	Family Therapist	8 months	4 years	Collaborative Languaging
F	36	M.S. Ed.	Practicum Student	2 years	2 years	Social Constructionism
M	41	M.S.	Clinical Manager	3 years	10 years	Behavioral/ Cognitive

Team IV

F	44	Ph.D.	Professor/ Supervisor	5 years	10 years	Systems
F	27	M.A.	In-Home Therapist	6 months	2 years	Systems
F	44	M.S.	In-Home Therapist	1 year	3 years	Systems

Table 1. (continued)

Sex	Age	Highest Degree	Current Clinical Position	Time in that Position	Total Clinical Experience	Theoretical Orientation
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Team V

**M	31	Ph.D.	Coordinator of Adolescent Mental Health Services	1 year	6 years	Systemic
M	29	M.A.	Therapist	7 months	4 years	Systemic

Team VI

*M	46	Ph.D.	Professor/Coordinator	7 years	25 years	Social Constructionism
**M	31	Ph.D.	Coordinator of Adolescent Mental Health Services	1 year	6 years	Systemic

* denotes the supervisor of Team IV and Team VI

** denotes the supervisor of Team V and the supervisee of Team VI

in the Adolescent Services Unit. The supervisor has a Master's Degree in Social Work (MSW) and has been a supervisor for one year. She has 10 years of clinical experience and works from a family systems model. She also provides direct service in the Adolescent Sex Offender Program. The supervisory team is made up of three males and two females. Their ages range from 25 to 58 years of age, and the range of clinical experience is two to nine years. One of the team members is a Juvenile Sex Offenders Foster Care Therapist who works with juveniles (ages 4-21) who have acted out sexually and currently reside in specialized foster homes. The other four team members work in an Intensive Supervision Program for delinquent youths in three different programs. The Pre-Placement Program is for those who are involved in the legal system but are not out of the home. The Community Adjustment Program is targeted at youths returning home from an out-of-home placement, and In-Home Detention is in conjunction with Juvenile Court Services to monitor those adolescents just released from lawful detention to their homes.

The second agency supervisory team (Team II) was a completely male team with a supervisor and three therapists. This supervisor has only been employed at the agency for three months, has 18 years of clinical practice, has an MSW degree and is applying for the Approved Supervisor Status in the American Association for Marriage and Family Therapy (AAMFT).

He supervises the Delinquency Prevention Program and the Foster Care/In-Home Unit. Two of the therapists are in the Delinquency Prevention Program, and one works in the In-Home Unit. The therapists range from 27 to 41 years of age and are all beginning therapists.

In the university setting, there were two teams, each with a supervisor possessing the status of Approved Supervisor granted by AAMFT. Each supervisor was responsible for students currently enrolled in a doctoral program specializing in marital and family therapy. Team III had the most experienced supervisor in the sample. He also serves as the Coordinator of the Doctoral Specialization in Marriage and Family Therapy at the university. This team had three older student therapists with a clinical experiential range of two to ten years. Team IV was an all-female group whose members all have named systems theory as their theoretical orientation. The Team IV supervisor had been supervising students for five years and has 10 years of clinical experience. The supervisees had clinical experience from their degree programs only.

The team working in the psychiatric unit consisted of two persons. The supervisor was actually a Supervisor-in-Training and supervised a student from the program described above. As part of the supervisor training process, this supervisor-in-training was also supervised by one of the supervisors in the

university setting. Thus, "as if" positions were incorporated into the supervision-of-supervision process as well, and this pair formed the sixth team.

The six teams not only differed in clinical experience, age, position, theoretical orientation, and setting, but they were also separated by the format which outlined the formulation of the "as if" technique to be used in their group. Three of the teams were assigned a *Structured Format*, and three were assigned a *Free Choice Format*. (The formats are discussed thoroughly in the Procedures Section.)

Again, the groups were assigned to the procedural format to provide variation within the study. They were also assigned to their respective formats in accordance with stylistic compatibility. In other words, the group leaders (supervisors) who were perceived by the researcher (from prior interactions and identified theoretical orientation) to be more favorable to a structured way of working were asked to proceed according to the *Structured Format* protocol. Those supervisors who were believed to be comfortable and amenable to a freer way of working were asked to proceed with maximum freedom.

Assignments began with Team V (psychiatric team) and Team VI (supervision-of-supervision). One participant was the supervisor of Team V (psychiatric team) as well as the supervisee in Team VI (supervision-of-supervision).

Additionally, this participant was assigned to participate in each format (*Free Choice Format* in the role of supervisee and *Structured Format* in the role of supervisor). The researcher decided to assign this participant to this dual-role experience while all other participants had only a single role assignment. His experience within these multiple positions was considered to be potentially interesting, and therefore, included.

The formats for the other teams were based upon knowledge and impressions of the supervisors' professional styles. Operating under the assumption that the supervisor would be the leader and direct the group, choices of format that were thought to maximize comfort and success were made.

The other participants in the study included the researcher, the observer behind the mirror, and two types of research auditors (Guba, 1981). There were two product auditors who served to confirm the data by "certifying that data exist in support of every interpretation and that the interpretations have been made in ways consistent with the available data" (Guba, 1981, p. 88). An external (dependability) auditor "examined the processes whereby data were collected and analyzed, and interpretations were made" (Guba, 1981, p. 87).

The researcher is a doctoral candidate who currently works full-time as an in-home family therapist. This position

is in a pilot program operating in conjunction with juvenile court services, which is designed to prevent delinquency for pre-adolescent offenders. Prior to working in-home, the researcher worked in the family therapy unit which concentrated on Employee Assistance Programs and United Way referrals. This unit is within the same agency as the pilot project.

The researcher's academic background is in secondary education; she worked as a junior high school teacher for 16 years. She had conducted a quantitative study in the area of reading education. This was her first experience with planning and completing a qualitative study. She also has a counselor education degree. Her aspirations are to teach in an academic setting and conduct research. Her theoretical orientation is most closely aligned with social constructionism (K. J. Gergen, 1985).

The researcher and the observer were the principal instruments for data collection. The researcher's primary task with regard to data collection was to conduct interviews with the participants who put into practice the "as if" supervisory technique in order to learn about their experiences. After opening with a global question requesting descriptions of their experiences, she was responsible for asking follow-up and related questions to elicit as much description as possible from the participants. During the

semi-structured interviews, her task was to facilitate the discussion among the various individuals and groups, attaining clarification; to provide an opportunity for all views to be presented; and to understand the unique experiences, opinions, and evaluations.

The observer behind the mirror was a graduate student colleague who was in the second year of his doctoral graduate work. He was asked to fill that role based on the researcher's observations of his competency and attentiveness during live supervision. The majority of his four years of clinical experience was gained in a setting associated with a university marital and family therapy clinic. He has also worked briefly (one year) as a therapist at a residential treatment center for delinquent adolescents. This observer has written a theoretical paper for his master's thesis requirement and was interested in the issues in qualitative study design. He works theoretically from a social constructionistic framework.

His primary duties in this study were to take field notes from behind a one-way mirror as he observed the debriefing interviews with each of the supervisory groups. Also included in his notes were questions or comments on the process or content as they occurred to him during the interview. During the semi-structured interviews, however, he participated in the role of "assistant moderator" (Krueger, 1988). He was in

the same room with the researcher and participants and took notes during that discussion. The researcher invited him to ask questions or make comments during this discussion. His notes and the researcher's notes were the data that were analyzed. He also operated the video equipment during the debriefing interviews. He was compensated for travel expenses.

The first product auditor was also a graduate school colleague who had just completed his first year in the doctoral program. His clinical experience for the past year was in the university clinic and at an adolescent residential treatment center. For his master's degree, he completed a quantitative study and is interested in the design and methods in qualitative inquiry. He identifies his theoretical base as that of family systems.

The second product auditor was a master's student in a counselor education program. Her emphasis was on mental health counseling; most of her practical experience was working with mentally handicapped adults. For the three years previous to her practicum, she worked as a Supervisor/Qualified Mental Retardation Professional in a residential program with a community integrated living arrangement. Fifteen years prior to becoming a supervisor, she provided direct care in the same residential program. During her practicum semester, she worked at a psychiatric

outpatient clinic. She was one of the researcher's supervisees during her practicum experience and volunteered to participate in the capacity of an auditor. She had been especially interested in the steps involved in planning and conducting a study. A Rogerian "person-centered" perspective is her preferred theoretical orientation.

The responsibilities of the product auditors were to take the first wave of field notes and assign short topical phrases to each bit of data. Topical phrases answered the question, "What is this statement about?" The researcher also engaged in this process. The three sets of topical phrases were then grouped, according to their similarity, forming categories. The researcher and auditors also performed the same task with the field notes from the semi-structured interviews since the information from those conversations were significantly different from the debriefing interviews.

The process auditor was a former teaching colleague of the researcher. She was an educator in speech and communication, but she had no counseling background. Two years prior to this study, she had completed an ethnographic study and was intimately aware of the decisions, emergent nature, depth of description, and analytical procedures inherent in a qualitative study. Her directive was to concentrate on the process as it evolved throughout the study, looking for the logical flow of the study itself and/or any

inconsistencies. Having no background in marital and family therapy and training issues, she served as a naive reader of all of the researcher's notes, journal, topical and categorical lists for the analysis and the final written product.

Procedures

The chronological steps in this study are listed and discussed below. See Figure 1 for an overview of the procedures in this project.

Introduction to "As If"

Each team was "trained" in the background, history, and current use of the "as if" technique as developed by Anderson (1993a, 1993b). They were grounded in its purpose and application guidelines in two steps. First, each participant was sent a copy of the training document by mail (see Appendix A). They were asked to read Anderson and Rambo's 1988 article entitled "An Experiment in Systemic Family Therapy Training: A Trainer and Trainee Perspective." Second, the researcher met with each of the six groups to further clarify and explain the background information and to answer any questions about the "as if" concept. At this meeting, each team was assigned its "as if" format and was given instructions on how to proceed in the respective formats.

Procedures

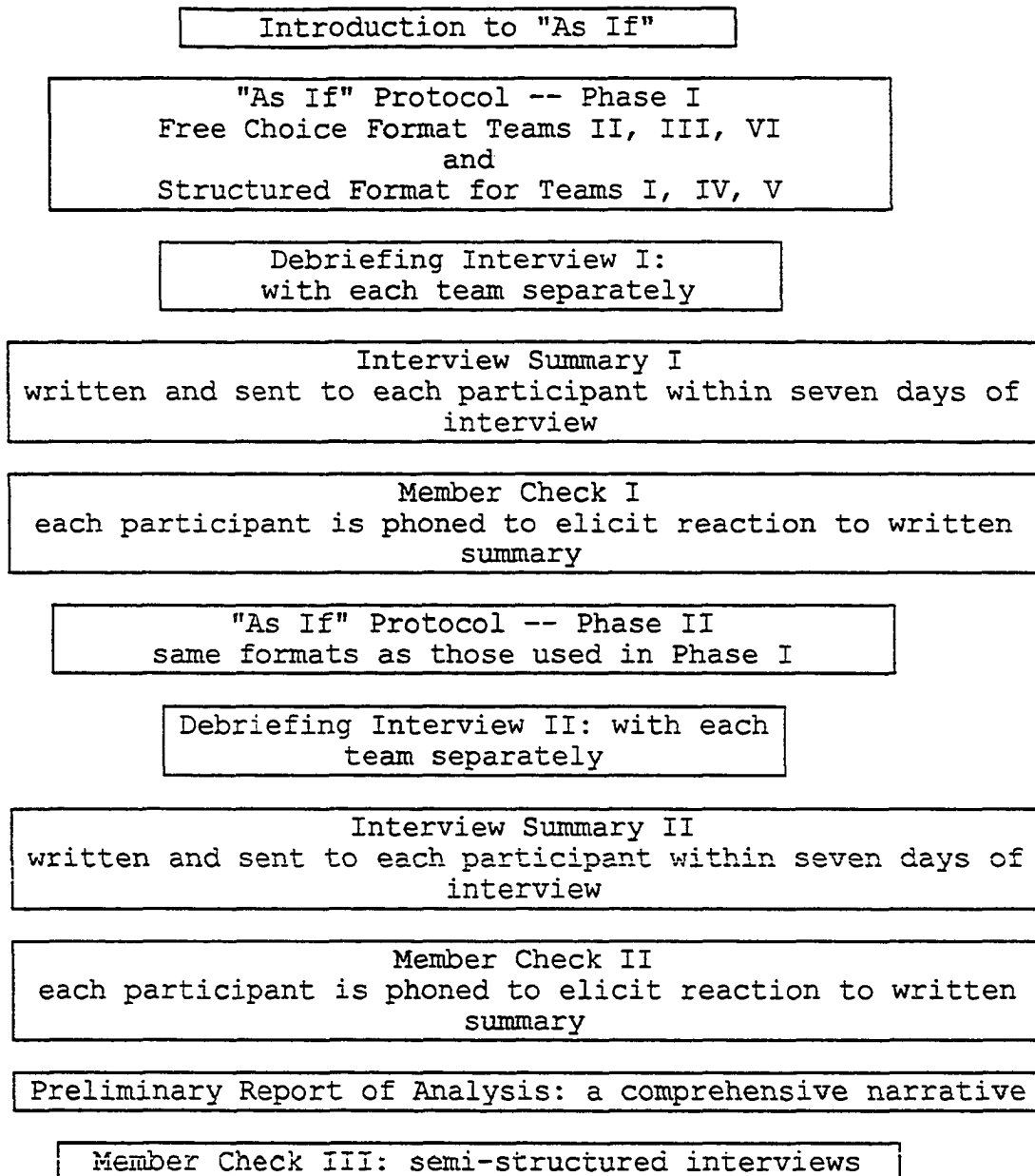


Figure 1. Procedures for use and investigation of the "as if" technique in the supervisory context.

"As If" Protocol-Phase I

After assurances that "as if" notions were understood by the teams, the teams were given alternate tasks regarding the implementation of "as if" exercises. There were two formats used: *Structured Format* and *Free Choice Format*.

Team I (agency), Team IV (university), and Team V (psychiatric unit) were assigned the following *Structured Format* to follow for three weeks. At each supervision session for those working under the imposed structure, at least one case was discussed by the team. One of the supervisees became the case presenter and began by introducing the key players, or most important participants in the therapy case. This case presenter assigned each group member the task of listening to his/her presentation from one key player's position. The supervisee then presented the case, according to the following framework, while the "as if" listeners held all comments and questions, and strictly listened from the assigned positions (Anderson, 1993a, 1993b; Anderson and Rambo, 1988):

1. Why are you presenting this particular case, and why at this particular time?
2. In what way can the group be helpful? What is your hope/expectation? Do you have a specific question or agenda that you want the group to address?
3. What do you think the group needs to know about the case?

When the supervisee finished supplying all the pertinent data, those who had been listening became the speakers, and the supervisee assumed the listening position. The "as if" listeners were then free to offer their reflections and reactions from their respective positions. When these team members had had their full opportunity to share their thoughts, the presenter (supervisee) again entered the conversation with his/her reflections. These included, but were not limited to, the ideas or comments that were most intriguing or inviting, or those that fostered misunderstandings, blaming, or conversational cut-off. When needed or desired, a general discussion or evaluation ensued.

The other teams, Team II (agency), Team III (university), and Team VI (supervision-of-supervision) were asked to think of a way to incorporate these "as if" notions into their own supervision process. This is referred to as the *Free Choice Format*. Keeping in mind that the supervisory teams were already in existence and that "as if" is a tool not tied to a particular model of supervision, the teams had the freedom to formulate unique "as if" formats. The teams were encouraged to implement "as if" techniques in the way or ways that seemed to make the greatest sense to them, given their understandings; that met the needs of the group without disruption; and that supplied the greatest fit to their established organization.

The *Structured Format* provided a common ground for the three teams assigned that format. While the case content varied for each case presented, each team had the opportunity to follow a set of directives formed a priori. In the *Free Choice Format*, each team had the opportunity to creatively design and incorporate idiosyncratic versions of the "as if" principles into their supervision process.

Debriefing Interview I

For the first three weeks, the teams put their assigned "as if" plans (*Structured or Free Choice*) into practice. At the end of that three week period, the researcher interviewed each team. The interviews took place at the university setting and at the agency setting. The hospital team agreed to meet with the researcher at the university site. The interviews were videotaped for reference. During the debriefing interview, the researcher took notes. In addition, a professional peer observed the interviews from behind a one-way mirror and took field notes. (See Appendix B for a sample of the field notes recorded in one of the debriefing interviews.)

This researcher began the interviews with a single open-ended question posed to each and every participant in the study. The question used to stimulate discussion was: "Please tell me about your experience of using the 'as if' technique in your supervision."

After each participant had had the opportunity to describe his/her experience, this researcher continued to ask questions that emerged naturally from the discussion. (See Appendix B for examples recorded in the field notes.) During the conversational exchange, the researcher, as instrument, kept in mind Furman and Ahola's (1992) admonitions: "The person who has the power to dictate the choice of words to be utilised in discussing an issue is going to have the most power to steer the way people are going to think about it" (p. 16).

Each debriefing interview, which lasted from thirty minutes to one hour, ended with the request to continue the research protocol for the next three weeks. Participants were then advised about the written summary and phone call they would receive within the following week.

Interview Summary I

Within seven days of the debriefing interview, each team member received a written summary of their debriefing interview. This summary was a compilation of the interviewer's and the observer's field notes. It described the researcher's understandings and restatements of the content from the debriefing interview. Included in the summary were direct quotes that were used as illustrations of the researcher's written synthesis.

Member Check I

Each team member was called one week after the debriefing interview had taken place and the summaries were mailed to elicit feedback, corrections, and/or additions to the written summary. The information that was provided during the phone conversation was recorded as an additional set of field notes.

"As If" Protocol - Phase II

For the next three weeks, the teams repeated the Phase I process.

Debriefing Interview II

This procedure was identical to that used in the section for Debriefing Interview I. In addition to the Debriefing Interview I components, some of the participants' previous observations and perceptions were mentioned by the researcher for feedback and discussion. The reiterations were not pre-planned by the researcher, but rather, anecdotally interjected when similar or related comments were made by the participants. The researcher's comments were chosen to validate or encourage commentary by participants.

At the end of the second debriefing interview, participants were advised about the written summary and phone call they would receive within the following week. They were further advised about the narrative they would receive that was a preliminary report about the data obtained from all of the supervisory teams. Finally, they were informed of the

semi-structured interview, including the date, the membership, structure, and purpose.

Interview Summary II

The same procedure as that used in Interview Summary I was followed.

Member Check II

The same procedure as that used in Member Check I was followed.

Investigator Preliminary Report of Analysis

Each team member was sent a copy of the investigator's preliminary report of the analysis (see Appendix C). This preliminary analysis was a narrative based on a systematic organizing scheme developed by Tesch (1990) and modified by this researcher. It included a compilation of all of the summary materials from the debriefing interviews, the observer's field notes, and the information from the member checks from all of the groups for the entire six weeks of the study. This preliminary report reflected the early stages of the analysis process, including the major categories that came from the data but not in the final refined form that emerged later after subsequent modifications.

Member Check III

The final member check was conducted through two semi-structured interviews. Initially, these interviews were explained to the participants as being "focus groups," but in

actuality, they were more appropriately called "semi-structured interviews." Two groups were necessary because of the distance between the university and agency localities, in addition to keeping the membership of the groups at a number whereby each participant had opportunity to speak and interact with others.

The semi-structured interview (also referred to as Member Check III) was held three weeks after the second debriefing interview. Each team was told that they would meet with other supervision groups in the same location as the previous meetings. They were also informed that the researcher was interested in their responses to specific questions in addition to their impressions and reactions to the experience over the past nine weeks.

In preparation for the semi-structured interviews, five questions (see Appendix D) developed from an overview of the data. These questions served as written reminders for the researcher and were designed to elicit further clarification in certain content areas. They were not meant to discourage or replace spontaneous discussion. The researcher also asked spontaneous questions to promote and clarify the discussion (see Appendix D).

During this interview, participants commented on the preliminary analysis narrative, dialogued with other participants as well as the researcher and the observer,

addressed the issues suggested by the researcher's prepared questions, and spontaneously-offered reflections and reactions to the overall process, including the current interview. They too asked questions that prompted further discussion (see Appendix D).

Data Collection

Data were collected from the participants during debriefing interviews, individual phone conversations, and from the collective semi-structured interviews, as well as from the observer behind the mirror. The following is an explanation of the steps that were followed in a continuous pattern of collecting and analyzing the information that was provided.

During each debriefing interview, the researcher began with the question: "Please tell me about your experience of using the 'as if' technique in your supervision." Additional interview questions were emergent, that is, related to, and generated from the interview conversation. During the interview, both the interviewer and an observer from behind the mirror took "field" notes, including themes, ideas, and direct quotations from the interview. The interviews were videotaped for the purpose of reference if clarification were to be needed.

Immediately after each debriefing interview, two separate summaries were written, one by the researcher and one by the

observer. Within seven days, these two summary sets were joined into a single summary by the researcher and sent to each team member for his/her reading and reaction. After telephone feedback was received from the individual team members, the summary was amended to encompass the participant's feedback. All feedback became part of the audit trail (see Trustworthiness Section).

At the conclusion of all of the interviews, summary writing, and feedback phone calls, the complete data set was organized into a comprehensive narrative. The organizational system developed by Tesch (1990) was employed to classify and identify themes, commonalities, and uniquenesses in the collected information (see Analysis).

The semi-structured interview functioned as the final member check (Brotherson, in press). It served as the means by which participants offered their reactions and thoughts on the analysis. The information gleaned from the semi-structured interviews was incorporated into the final analysis.

Analysis

Tesch (1990) has defined qualitative research as "any research that uses qualitative data" (p. 55), and "those kinds of research that predominantly or exclusively use words as data" (p. 56). She further divides qualitative research into four types: the characteristics of language, the discovery of

regularities, the comprehension of the meaning of text/action, and reflection (p. 59). This inquiry strives for the comprehension of the meaning of text/action through the discerning of themes (commonalities and uniquenesses) via the process of phenomenology (p. 67). The phenomenological perspective which originated with Husserl (Angeles, 1981) and is more a philosophical orientation than a theory, focuses upon the social construction of reality and how meanings are attached to life events or objects (Gubrium & Holstein, 1993). Phenomenology was further developed by Schutz (1967) as he connected the philosophical work of Husserl and methodological work by Weber (Gubrium & Holstein, 1993). In phenomenology,

researchers study the ordinary 'life-world': they are interested in the way people experience their world, what it is like for them, how to best understand them. In order to gain access to others' experience phenomenologists explore their own, but also collect intensive and exhaustive descriptions from their respondents. These descriptions are submitted to a questioning process in which the research is open to themes that emerge. (Tesch, 1990, p. 68)

Because narrative data can become voluminous and cumbersome, it is important to have an organizing scheme to savor the richness of the data while making them manageable. Tesch (1990) outlines an eight-step organizing system, one

that acts as a "mental overlay on our world" (p. 136), yet is "stretchable and soft" (p. 136). In other words, this organizing system is not a template but a guide.

The steps for developing an organizing system for unstructured qualitative data proposed by Tesch (1990) are summarized, and then the adaptations are noted and explained.

1. To begin, she suggests reading the data carefully as they come in. The goal is to get an overall sense and familiarity of the material. Any thoughts that occur during this reading are to be recorded.

2. While reading each data document, it is important to focus on the main ideas expressed rather than the exact content. It is important to pay attention to the transitions between topics. Topics are identified by noting what the statement is about, thereby distinguishing it from the actual statement content. Topics should then be recorded in the margin of the document next to the passage to which it corresponds.

3. Once three to five sets of the data have been read and topics recorded in the margins, a list of topics contained in each document is prepared. The list of topics particular to each document are recorded in a column labeled with the document name. When all columns are assembled (one per document), topics are then compared across documents. They are placed into clusters which group and name the topics

according to their degree of relatedness, and three new lists are prepared. The first list contains clusters of topics that are similar to one another and appear frequently across the documents. The second is a catalogue of topical clusters that are unique and appear only in some of the documents, but are germane to the study. The third list is a record of the leftovers, those topics that do not fit into clusters.

4. Each of the clusters has been given a title which captures the range of topics incorporated within the cluster. (With larger data sets, a more economical coding scheme, in which the clusters are given abbreviated code names, may be desirable.) The cluster names are then applied to a fresh copy of the original set of data materials. One or more of the cluster names that best describe or contain each bit of data are written next to each statement in the original data document. This indexing verifies or reveals shortcomings in the organizing system. The last element of this step is to try this same application system of the cluster names on new data.

5. With large data sets, similar clusters are grouped to form larger categories. This step resembles Step 3 and is a step in refining the organizing system.

6. The categories are then given coded abbreviations if necessary, as the clusters are coded. Using the entire data

set, categories are recorded next to the appropriate text. The text may be labeled with more than one category name.

7. To look at the complete collection of the data, each category name becomes a heading for the preliminary analysis. These headings are followed by the actual content labeled with that category name. Each category is summarized by looking at commonalities, differences, contradictions, or missing information within that category related to the research focus.

8. Revising is done as necessary.

In the current study, several of the steps were revised to fit with the mode of data collection and reflexive characteristic of this research (see Figure 2). The first two steps were collapsed into one; they were coincident with the data collection. That is, as the interviews were conducted, the researcher and observer took field notes that were in the form of main ideas or topics with specific and selected quotes and personal impressions that supported the main ideas. The rationale for this is that the goal of the first two steps was to devise preliminary topics or themes. This was done by the researcher and observer *during* the interviews. Such a procedure is routinely done by therapists in therapy sessions. In this way, research procedures approximate therapy procedures.

Tesch's Organizing Scheme	Tesch's System Modified
1. Each document read to become familiar with content.	1. Field notes containing main ideas expressed in debriefing interviews.
2. Main idea of each piece of data recorded in the margin of the document.	2. All topics from field notes listed and sorted into clusters. Clusters arranged into three lists according to prevalence in total sample.
3. Topics are listed and clustered according to degree of similarity to one another. Clusters are listed as those that are similar across groups, unique to groups, and leftovers.	3. Cluster titles matched to pieces of data.
4. Clusters titled to adequately describe all topics included. Clusters are applied to original data documents.	4. Clusters arranged into categories with revised titles.
5. Clusters are grouped into larger categories.	5. Each category listed with all corresponding data.
6. Categories are applied to the original data.	6. Final revisions
7. Each category is followed by all the actual data contained within it.	
8. Revisions made as necessary.	

Figure 2. Comparison of Tesch's (1990) organizing scheme and the modifications used in this research.

In the sixth and seventh steps, the researcher returns to the written data. In the present research, rather than return to the data, or the exact wording, (unless there was a major discrepancy), the researcher turned to the participants themselves and their current interpretations and reflections relative to the topical and categorical identifications. Returning to the "experts" themselves does not bind the research to one moment in the past, but provides the researcher with the most updated thinking. It also relieves the researcher of sole responsibility for representing the experience of others (Alcoff, 1991).

The final step of revising was again going directly to the source of the original data in the form of a semi-structured interview. In this way, the group, with full knowledge of other participants' reflections, could revise or refashion conceptions or understandings. A semi-structured group interview at the end of the research project allowed the participants to express themselves to others in ways that reflected their current thinking. This approach also recognizes that their ideas at the end of this process may or may not have differed significantly from their ideas at the outset of this research.

The specific steps that were used in analyzing the data collected in this research were:

1. An overall sense of the material was obtained by focusing on the ideas recorded in the field notes. Field notes consisted of the main ideas gleaned from the debriefing and semi-structured interviews (see Appendix B).

2. A list of all the topics obtained from the data was made (see Appendix E). Topics were obtained by answering the question "What is this about?" for each bit of data in the field notes. Topics that appeared to be closely related were grouped into clusters by means of a pile sort. Each cluster was given a title that most completely described the contents of the cluster. The clusters were arranged into three lists: (a) a list of clusters found in all groups, (b) clusters only found in individual groups, and (c) leftover data that did not fit neatly into a cluster (see Appendix F).

3. Cluster titles were then applied to each bit of data in the original documents. This step provided a check that the clusters sufficiently described the actual data.

4. Cluster titles were refined and organized into three new lists: major categories that spanned all supervision groups, categories that appeared in subsets of the total sample, and categories that were sparse (see Appendix G).

5. Each category title was followed by a list of the actual data bits which corresponded with the category (see Appendix H).

6. Category titles were further refined and rearranged.

Trustworthiness

There are several important elements ensuring trustworthiness in qualitative research. In this study, trustworthiness was accomplished primarily through a reflexive cycle of collecting and analyzing data. The four indicators of trustworthiness which are credibility, transferability, dependability, and confirmability, will be discussed (Brotherson, in press; Erlandson, Harris, Skipper, & Allen, 1993; Guba, 1981; Lincoln and Guba, 1985; Marshall & Rossman, 1989).

Credibility

Credibility is best described as a fit or match or relationship between the information supplied by research participants and that which the researcher reports. Erlandson et al. (1993) define credibility as "the compatibility of the constructed realities that exist in the minds of the inquiry's respondents with those that are attributed to them" (p. 30).

They further describe a credible outcome as

one that adequately represents both the areas in which these realities converge and the points on which they diverge. A credible inquiry generally has the effect on its readers of a mosaic image, often imprecise in terms of defining boundaries and specific relationships but very rich in providing depth of meaning and richness of understanding. . . . attention must be directed to

gaining a comprehensive intensive interpretation of these realities that will be affirmed by the people in the context. (p.30)

In this study, the data were obtained through several ways and were accompanied by a continuous process of checking the written interpretations. Specifically, information from the participants was directly obtained through team interviews, phone calls, and from discussion in a semi-structured group interview format. The behind-the-mirror observer also provided an account of the interview via field notes. The debriefing interviews were videotaped as a back-up resource for clarification and reference if that became necessary. Member checking at three different times enhanced credibility, as the participants checked the researcher's accounting accuracy and appropriateness of interpretation.

Not only is member checking a means of establishing trustworthiness, but it is also a means of integrating participant voices into the inquiry. They were co-creators of the present research.

Transferability

Transferability is roughly equivalent to generalizability in quantitative research. "The naturalistic researcher maintains, however, that no true generalization is really possible; all observations are defined by the specific contexts in which they occur" (Erlandson et al., 1993, p. 32).

Other researchers can make tentative decisions on subsequent research based on knowledge of the context of an inquiry. Purposive sampling, which was discussed in the procedures section, is a key element in attending to contextual influences in a study. The second characteristic of transferability is thick description. The interviews provided rich, relevant, and varied information. Interview results were documented by demographic descriptions, two sets of field notes, and videotaping.

Dependability

Stability and consistency of information is of concern to the qualitative researcher. Naturalistic inquirers "must make allowance for apparent instabilities arising either because different realities are being tapped or because of instrumental shifts stemming from developing insights on the part of the investigator-as-instrument" (Guba, 1981, p. 86). To account for dependability, this study used a researcher and an observer. The observer gathered data simultaneously with the researcher and then created summaries. Though the observer did not have direct contact with the participants, the observer still had proximity to the participants, a reasonable substitute according to Lofland (1971). Furthermore, an audit trail (Lincoln & Guba, 1985) was maintained. Two outside product auditors were continuously evaluating the research field notes and categorical analyses

which proceeded from data collection. A third outside auditor was employed to track and comment on the research process as it emerged throughout the project.

Confirmability

Two different kinds of member checks were instituted to assure that the analysis was "determined by the subjects (respondents) and conditions of the inquiry and not by the biases, motivations, interests, or perspectives of the inquirer" (Lincoln & Guba, 1985, p. 290). Reflexivity, demonstrated by openly revealing researcher biases and assumptions, incorporating feedback from participants into the analysis, and keeping a process/product journal (Spradley, 1979) prevented the investigator's voice from becoming dominant.

CHAPTER IV

RESULTS

The Report

The narrator is not always consistent. . . Perhaps we should learn something from that?

--Madeline L'Engle, *Certain Women*

The data were analyzed according to a scheme devised by Tesch (1990). Analysis was conducted continuously and was integrally tied to data collection. Immediately after all of the supervisory teams completed the first debriefing interview, the data were processed for topics and organized into clusters and categories (see Data Analysis). This information was fed back into the groups in the form of written summaries composed by the researcher and subsequent follow-up phone conversations. Participants' reviews of the material and attendant comments provided additional information and correction to the analysis.

Two product auditors were involved before the second wave of data was gathered. Their task was to take the original data documents and assign a topical phrase to each bit of data extracted from the field notes. A complete listing of topics was constructed from the two product auditors' and the researcher's work. These lists were titled with the supervisor's name. After the preparation of these lists, the information was organized into a card sort (Spradley, 1979),

placing each discrete piece of data into related piles or topics. These groups of data were assigned titles that captured the range of the topics to form categories. The categories were then arranged in three columns: Major Topics (those topics that were distributed across the majority of the supervisory groups), Unique Topics (those topics that were particular to a subset of the supervisory groups), and Leftover Topics (those topics that were both unique and infrequent). All of this work was completed in advance of the second debriefing interviews. The researcher then asked for comments after presenting this information to the groups in those interviews.

After the second debriefing interview, the researcher applied the constructed coding schema to the second wave of data. This step served as a check that the categories were both focused and broad enough to encompass new data. The category titles were then edited to describe more clearly and accurately the information contained in each category. This information was communicated to the participants by means of a written summary that addressed second interview material only, followed a week later by an abbreviated narrative which contained all the categories and examples of support for the categories from the data. Comments on this material were voiced at the semi-structured group interview forum.

The filtering and refiltering process of data as they were gathered led to the set of categories described below. After the second debriefing interview, new and novel data dramatically decreased. With the exception of the category *Research as Relationship*, which shifted from a Unique Category to a Major Category after the semi-structured interviews, the categories remained constant from the first debriefing interview to the second debriefing interview.

The Major Categories that emerged were: *"Experimenting" with the Format, Empathizing with Clients, Applying "As If" to Families, Growing Personally and Professionally, Creating a Safe Environment, Generating New Ideas, and Research as Relationship*. Under the umbrella of Unique Categories were: *Therapy and Supervision Isomorphism, Comparing "As If" to Role-Play, Work Setting, and Research as Intervention*. Leftover topics were listed not as categories, but as individual and singular ideas that did not fit into any of the other categories. Each category will be discussed individually and will include an explanation of the title and samples of the data as illustrative of the central thought and variation within the category.

Major Categories

The major categories were those that emerged from data obtained from all or a majority of the supervision teams. They were: *"Experimenting" with the Format, Empathizing with*

Clients, Applying "As If" to Families, Growing Personally and Professionally, Creating a Safe Environment, and Generating New Ideas.

Category: "Experimenting" with the Format

Dominating discussion in both rounds of debriefing interviews was the question of format for implementing the "as if" technique. Overall, the addition of this technique into supervisory groups already in motion provided a change. The degree of change varied across groups and time. For some groups, the addition of this technique did not provide a drastic deviation from their normal procedures. For those group members who characterized their group as generally flexible, "as if" provided a twist on the team process. Overall, they found that it was "different but not too different," that it was not that foreign or too far from their regular routine or initial staffing talk. For other groups, it seemed to change or "juggle" an established rhythm; it was tough to get into it due to the lack of familiarity, but it also served them as an alternate guide for case focus rather than relying upon their usual pattern that highlighted the therapist's position and thinking. In other words, a specific agenda developed. For most groups, the experience of "as if" became "richer" over time. "Richer" was characterized by "getting into the habit," ease in thinking from different perspectives, creative thinking, more ideas for clinical work,

and heightened empathy. However, for one group, "as if" became more "intrusive" as the study progressed, thus precluding any form of valuable intervention.

Structured format groups. All three of the groups that were asked to follow a specific set of steps reformulated the steps in diversified ways. It appeared that the structure seemed too constricting or not clear enough. Team I (agency) felt confined by the structure initially, but they were successful in making it work to their advantage with subsequent trials. Evidence of feeling confined by the structure was revealed in comments about how difficult it was to remain in one listening position as the case was presented. There was a tendency for the participants in this group to "jump" from one listening position to another as the case presenter moved from player to player. This was how they originally revamped the structure; they did not listen from one position only, but let themselves free float. When this modification was discussed, they reported wanting more of the immediate feedback that comes from interaction. They were afraid that they would lose the opportunity to articulate some possibilities by waiting for their turn to offer feedback. This fear was further exacerbated by only offering feedback from one position.

During Phase II, however, they made a dedicated attempt to follow the format as directed. Surprisingly, they found

that listening from a singular position helped their listening and added feedback possibilities that they were unable to predict. They concentrated on their peers' reactions and found that they could critique or comment on information that was new to them. The presenter found that he/she was able to say more and appreciated not being bombarded by comments or questions from the supervisory team.

Jumping in at random with their feedback and questions was referred to as "pure" feedback. "Pure" feedback consisted of personal reactions and impressions that were shared immediately with the case presenter. However, waiting for their turn caused them to change and be affected by any previous speaker's comments. No longer could they give that "pure" feedback. Their own thoughts and reactions became too changeable and fluid as they waited their turn to speak from their assigned positions, an experience that was both intriguing and frustrating. For this group, it was the listening position--listening to the case presenter and those speaking from "as if" positions that added the extra dimension that had not existed before.

Another reason for feeling bound was articulated by Team IV (university). They were critical of the structure throughout the study. The research format imposed a more structured approach with respect to case discussion than the group had established for itself. Not used to holding their

comments, the participants did not, at least initially, care for what they experienced as conversation shut-down. Withholding comments until the case presenter was through stifled their usual dialogue. They said that they were used to more interaction, which the "as if" exercise interrupted. The "as if" listeners began to interact with one another, and the therapist presenting the case was left out of the interaction. For them, this was a contrived way of dialoguing; with time, they found this technique to be an intrusive mechanism in their established framework. During Phase II, they abandoned the technique because it was judged intrusive. The supervisor reported that "this technique doesn't work for me in supervision," although initially, it was reported as disruptive but not intrusive. Collectively, the group decided that it was an "inefficient way to process lots of information," that it did not fit with their mode of operation, and that incorporating "as if" forced them to put the issues that were of importance to them on hold so that they could fulfill their commitment to participate in the study. Ultimately, they did not find it useful to modify their established and working framework to include the "as if" technique.

Team V (psychiatric unit) at first found themselves unsettled by the structure. After clarification they were also able to turn their experience into one that was non-

restrictive. Given the nature of the respective roles of supervisor and supervisee, there was still some discomfort. Team V adjusted the format to correct for role differentiation which was becoming too diffuse for the supervisor. He felt he was acting and speaking "as if" he were the very therapist he was supervising. That kind of interaction made him extremely uncomfortable and seemed to him "as if" he were telling the therapist what he (in the role of therapist) would do rather than letting the therapist explore his own thinking and motivations. He did call the researcher for clarification on procedural matters. Basically, it was understood that he could respond to his supervisee from a variety of family members' perspectives and not be limited to only a therapist's perspective. Ironically, the therapist felt quite comfortable with all the positions the supervisor assumed--even when it was the position of a therapist. In fact, the supervisee found that to be quite helpful, though he was quite aware of his supervisor's discomfort.

A problem that became apparent from the groups whose experience was characterized by initial dissatisfaction or discomfort was confusion between "as if" and role-play. The steps they used to implement "as if" were indistinguishable from enacting a role that was directed by the therapist talking about the case. Consequently, the interaction that was to follow from the protocol never occurred. After one of

the supervisors called to express this concern, the discussion about freedom to take alternate family members' positions produced some clarity and a move toward a more positive, helpful, and comfortable experience. Team IV, the group that abandoned the procedure, was never able to make the transition to listening positions that were separate from a role-play approach, and their experience with the "as if" technique was judged by group members as less-than-helpful by the end of the study.

Free choice format groups. The *Free Choice Format* groups were in the unique position of deciding how they would fashion "as if" in their supervision contexts. All three of these groups liked the freedom of choosing their own methods of application. It was stated that an imposed structure would have limited their creativity.

Team III (university) used the "as if" technique in live supervision by having observing team members each take a different client position during the session. The supervisors gave this directive to the observation team behind the mirror: "As you are watching this session, pick one family member's position and listen carefully from that person's perspective." This application of the "as if" approach "resembled a reflecting team, but each person had a specific assignment." When the therapist came into the observation room for a

consultation break, the team members talked to the therapist from their respective "as if" positions.

This group soon modified their own application. They experimented with both switching and holding all family members' positions throughout the course of one session. Trying variations on a theme led them to design other possible permutations of "as if" formats. They suggested a combination of "as if" with a reflecting team. In other words, a therapist could request that the observing team function as reflecting team members (Andersen, 1987) who speak from "as if" positions. Still another suggestion was to have family members themselves listen and talk "as if" they were a different member of their own family and reflect in therapy from those positions.

Team VI (supervision-of-supervision) joined Team III (university) and also assumed "as if" positions in Team III's live work. In a sense, the supervisors became additional voices on the observation team.

Members from Team II (agency) tried it originally with the entire group during case consultation similar to the *Structured Format*. Each member soon evolved to a distinctive individual approach by "using it in my head," employing "as if" as a mental rehearsal for upcoming and potentially sticky scenarios. Taking a variety of "as if" perspectives "in my head helped me formulate questions and helped me talk to a

client about sensitive things that needed to be broached." Team II also had a member who used "as if" with an individual client. He and his client traded positions with each other and talked from those postures.

Admittedly, for each of these groups, getting used to "as if" thinking required concentration and effort to get into it. A spirit of trust and cooperation was also required.

Category: Empathizing with Clients

One of the most prevalent responses from the participants was strong empathy for their clients. Affective levels were heightened as they claimed increased and crucial awareness of the client's experience. In almost every debriefing interview, the words "empathy" and "feelings" were uttered repeatedly. The feelings that surfaced from the exercise impacted participants both as individuals and as team members "as if" they were in the actual situations themselves.

Not limited to the identified problem member of the family, all family members' emotional experiences were considered from the various "as if" positions. The systemic nature of marital and family therapy was highlighted by the emphasis on supervision of family therapy and understanding the plight of all who are involved in a situation and not just the referred family member. The "as if" approach assisted even experienced clinicians in maintaining a systemic rather than an individualistic approach.

In the exercise, it was reported that participants were "in tune emotionally" as they felt the frustrations, dilemmas, confusions, and pains, of decision-making when they were "in someone else's shoes." Operating at a feeling level deepened the supervisees' listening. The talk about a case was less objective and detached. The participants marked a distinction between the observational aspects of supervision and the emotional aspects of therapy. They commented on the change to feeling the reaction of others rather than merely observing reactions. This shift provoked awarenesses regarding gender perspectives, deeper listening to the feelings of the speaker, "seeing the other side of the coin," a concomitant attention to cognitive and affective processes within clients, and greater insight and new understandings. "As if" exercising "reminds us that clients' responses make sense when seen in their shoes;" therefore, clinicians have a better chance to "get the inside track on a client more immediately."

Supervisees benefited personally as well. "As if" exercises "put me in touch with myself." It was even noted that it helped in understanding one's supervisor, including his/her style, types of questions asked, and expectations. Supervisors noticed an active involvement on the part of their supervisees. They were "out of their heads and into their guts." When cases were discussed, there was much less abstract theorizing and more development of new, personalized

understandings. All supervisees contributed input that was quantitatively and qualitatively different from their interactions in previous supervision sessions. "Insight was gained from *all* perspectives--from *all* members." The more experienced team members or those who were more vocal did not receive more time or attention than did those who were less experienced or less vocal.

Category: Applying "As If" to Families

"As if" notions were applied both directly and indirectly in working with families. The thought of actually using an "as if" exercise with clients directly was mentioned by each group in a debriefing interview. Some groups continued to talk about the benefits of using "as if" in supervision because it led to a change in therapy. One of the agency groups went beyond discussing the technique and actually implemented this mode of interaction with their client families.

Direct applications consisted of therapist and family members each taking a position that was not his or her own, and thinking and speaking "as if" he or she were that other person. One supervisee asked an individual client to trade places with him. The therapist felt stuck with this particular client because everything that was suggested, attempted, or even accomplished was connoted positively by the therapist and negatively by the client. When the therapist

took the client's position, he could vent frustration, confusion, desperation, and despair. When the client took the therapist's position, he was placed in very unfamiliar territory. Unpracticed at seeing and voicing the good aspects of a situation, the client had to work hard to think and speak as would his therapist. With some coaxing, the client was able to "internalize" his therapist's ideas as his own. The experience afforded him permission to label the same behaviors with new names and motivations. The client was also able to appreciate the therapist's understanding of the client's range of thought and emotion. This feedback was affirming for the therapist who found out that he had been on track with his client.

A second supervisee used the "as if" technique with a mother and son. He asked the mother to think about and justify her son's behavior as her son would. Then he asked the son to react to this same behavior as he understood his mother would react. By viewing this problematic behavior from more than one angle, the parent and child could make sense of this behavior with respect to their interactive world.

A third supervisee asked one of his adolescent clients to talk "as if" he were a person whom, in real life, he hated. This adolescent had previously "clammed up" when he was asked questions by the therapist. However, changing the context of

the conversation opened a space in which the adolescent felt free to express himself.

In summary then, this new way of listening and talking, though challenging, led clients to converse in ways that previously were unknown or not permissible to them. Clients learned to appreciate their therapist's sensitivity to and understanding of the intricacies of the situation. Supervisees reported a sense of validation when their clients described this experience. This validation helped in the development of trust and gave the therapist permission to make logical sense of a client's world and "push" or challenge family members in sessions.

Families also benefited by indirect means. Supervisees reported that by putting themselves in the client's place, they understood and appreciated their client's coping and logic. A difference noted in supervision by the group which normally had concentrated on what the therapist was thinking was that they switched their focus to other members of the family's ecology. In other words, the systemic perspective was highlighted and became instrumental in the generation of intervention options. As supervisees became accustomed to thinking from the client's point-of-view, they discovered the impact that family members had upon one another. Thus, this technique became a useful means for exploring intra-family connections. Furthermore, supervisees became aware of the

impact that they, in the therapist role, had upon a family. They talked about how their words and behaviors could be interpreted by various family members, emphasizing the importance of the family's view of the therapist. This non-expert stance was viewed as a "human" perspective that required no extraordinary education or study of technique.

The pretend quality of this activity raised both doubt and dedication in supervisees. There was concern about working from "false" assumptions or that the biases invoked by creating scenarios might not be the "right" ones. On the other hand, there was a sense of "realness" because this activity was used in conjunction with real people and could have immense influence on a family. Discussing a case without any of the principal players in attendance was considered by some to be less useful or reliable as compared to using an experiential "as if" exercise that involved the family members themselves in the here-and-now.

Category: Growing Personally and Professionally

The "as if" exercise promoted participant self-examination. The majority of the participants experienced a conscious awareness of some of the features of their own ideologies, limitations, biases, and confidence. It was difficult to differentiate between personal and professional development. The comments lent themselves to a combined categorization.

Comments covered a range of affirmations as a person to affirmations as a growing professional. For example, repeated use of this exercise "helps me to realize that we are really more in tune than we give ourselves credit for." This realization injected confidence into the supervisee and helped individuals recognize their competency in the face of very difficult cases. It helped to affirm and validate the therapist perspective in addition to generating new lines of inquiry for a therapist in supervision.

"Greater use of self" in therapy was another by-product of this exercise. There was greater freedom and flexibility for creative thought and work. Workers found themselves feeling less defensive both with their clients and in supervision. Consequently, they found they were able to approach people more respectfully, without needing to be concerned about protecting or defending their views or positions. An increase in the use of self was also coupled with the awareness that "we are egocentric and all that we see and hear is filtered through our unique view which is limiting."

Biases and assumptions were under scrutiny in this activity. Comments such as "I tend to go in with preconceived notions" and "different roles help me to see things broader" speak to this dilemma of being imprisoned by one set of working assumptions. With a variety of assumptions revealed,

it was difficult for participants to remain loyal to only one assumption. This continuous check for biases lessened rigidity in the supervisory sessions and in direct contact with clients.

Personal and professional growth were not reported by all participants in this study. One of the university groups reported not feeling challenged enough because the focus was on case specifics; thus, the group maintained a "first order" method for supervision. (This group interpreted their assignment to focus on case content/specifics, which was neither mandated nor prohibited.) They placed their own personal and professional issues on hold until the study was completed. While they felt affirmed by their team members, they described that as a reification or solidification of their case description because they only heard the therapist's interpretation. They reported that they were glad to have been exposed to the idea of the "as if" technique. However, it did not meet their needs for challenge within the supervision context.

There were two more aspects of this growth issue that emerged from the debriefing and semi-structured interviews. The first had to do with the use of the term "as if" itself. Because it was heard and read so frequently, participants reported using the phrase often. What was even more interesting is that they acknowledged incorporating the term

into other areas of their lives and work: "it spilled out everywhere." Speaking the term was equated with thinking in "as if" terms. This was associated with a quality of thinking and speaking that emphasized using terms in tentative ways that could be molded and remolded for effectiveness and fit. The second was the idea of resistance to participating in the study. For a few individuals, there was not much hope or belief that this supervisory technique could be useful. The primary issue, for them, became their perceived obligation to participate in research even if there was not a belief in the ideas being researched. During the semi-structured interview, it was reported that this resistance gave way in some instances to getting some value from their participation. "Some boundaries [referring to the fictional nature and therefore effectiveness of the technique] that I thought would be there, weren't."

Category: Creating a Safe Environment

Although there was some personal and professional resistance, this was the most homogenous category in that no one reported feeling unsafe in any way. Many of the comments pointed to the collegial and collaborative nature of the "as if" technique. Coupled with the notion of "not-knowing" (Anderson, 1990), there was no defending of "pet theories." In other words, people's ideas were more spontaneous, generative, and creative, and participants were relieved of

the duty to convince or persuade other team members that their thinking was preferable. Challenging team members' ideas was embedded in safer territory because of the imaginary quality of the talk. Like brainstorming, there was no need to evaluate or assess the merits of ideas presented.

In a similar vein, disagreement was encouraged, for in diversity, freedom and tentativeness were given life. It appeared that analysis and consensus were exchanged for openness, free speech, mixing of role definition between supervisors and supervisees, and feedback that fostered an "I'm not crazy for thinking this" kind of atmosphere.

Presenters found that they had more opportunity to talk, and that with more deeply attuned listeners, they were better able (and more free) to express themselves. Feedback and questions were frank and direct, though tentative, offered only as possibilities rather than advice or expert knowledge.

Category: Generating New Ideas

The ideas generated were unique and reflected appreciation of difference, variety, and freedom. There was a comparison made between reflecting teams and the "as if" exercise. The similarity was described as a focus on the different interactions with accompanying reflections that gave the therapist and family a wider range of choices. The activity was also compared to brainstorming. Each group produced many options for the clients and the therapists.

With a variety of opinions that represented possibilities rather than absolutes, group consensus was diminished if not eliminated. The supervisee's "voice" was more evident in the face of so many other different perspectives. Creativity was stimulated through the accentuation of difference, confusion, and conflicting ideas.

Generating new ideas was not a smooth and refreshing experience for all participants in the initial stages of the study. Possible options were defined as "just offering possible options" that resulted from a mixture of personal and experiential biases, creating confusion about what "really" was the case for therapists and families. One of the advantages in having the opportunity to express ideas as possibilities devoid of intense personal investment and correctness was that covert or formerly touchy or elusive aspects were brought to the surface.

Category: Research as Relationship

The following verbatim feedback from a debriefing summary captures the spirit of this category.

All of our comments come from our desires to help you. We operate from a position of wanting to give you something. We are willing participants who are invited in cooperating and in giving you valuable data. If we didn't care so much, we might (likely) give you less valuable information, or we might not do it at all. We

are working for you more than the ideas embodied in the "as if" notion. We are pleased if you are pleased with our information. Your relationships with us drive this project. We will see things because we want to--for you. The researcher-research relationship is in big-time operation here.

This category was the only one that held a "unique" categorization and then shifted to a "major" categorization. The shift occurred after the data from the semi-structured interviews were analyzed. In the first semi-structured interview, which consisted of the university and psychiatric hospital teams, one of the issues discussed was this category. This label and section of the mini-narrative that was distributed to all of the participants caught the attention of one of the participants and intrigued her. The description that was quoted above also applied to her group. This group had even talked about it among themselves, but they had mentioned it only briefly in the second debriefing interview. They reported that they had "softened" their comments during the first debriefing interview, making their experience sound more positive than it really was for them. When they decided to discontinue using the technique as structured for them, it was not an indication of uncooperative behavior but a desire to provide useful data to the researcher.

When this issue was addressed in the semi-structured interview, others joined in to support and add to the perspective represented above, namely, that the desire to help the researcher was a significant factor in the outcomes of the research. The participants were willing to help the researcher and wanted to give the highest quality data possible. When the question, "What was your motivation for participating in this study?" was asked, the answers all alluded to relationship issues. For example, one participant had agreed to take part because the researcher had given of her time to participate in his study during the previous summer. Another participant reported that his motivation had to do with not wanting to disappoint the researcher; in addition, it was his plan to ask for the researcher's help during the course of conducting his own forthcoming study. Another person responded with, "Because I'm collecting data, I could empathize." A supervisor reported that it was her goal to be cooperative, stemming from her knowledge of how difficult and necessary it is that practitioners help out in research endeavors. Another group had individuals who reported that it was the researcher's enthusiasm about the project that had helped them to agree to participate, as well as being afforded the opportunity to grow professionally.

Relationships between the researcher and the participants seemed to affect the data, not just in motivation to

participate, but also in the kind of data generated. One group wondered if the researcher's feelings would be hurt if the group did not like the "as if" technique. One of the supervisors who also was on the researcher's dissertation committee commented that she knew of the researcher's original objections regarding the use of *Structured Formats* in the methodology. Generally, the participants assumed that the researcher was looking for validation for the technique. Many were aware of her positive professional relationship with Harlene Anderson and surmised that support of the "as if" technique as a useful therapeutic tool was the goal.

Unique Categories

The following categories are grouped under the title of "Unique Categories." They emerged as special issues for a subset of the groups and include: *Therapy and Supervision Isomorphism*, *Comparing "As If" to Role-Play*, *Work Setting*, and *Research as Intervention*.

Category: Therapy and Supervision Isomorphism

A number of issues are common to therapy and supervision. This isomorphism became noticeable through the similarity and repetition of statements made about applying "as if" principles to therapeutic work that paralleled statements made regarding the supervisory relationship. These statements centered on the relationships between those in hierarchical positions, the quality of listening, and a sense of teamwork.

For example, using "as if" exercises in supervision invited a greater participation of all group members, regardless of the participants' years of experience. It added some variety, fun, and spice to listening to cases. The roles between supervisor and supervisee became blurred during the time that groups were implementing the "as if" process. The interaction was described as collaborative rather than directed by the supervisor. Even though participants were sensitive to their respective roles and responsibilities as supervisor or supervisee, during the exercise itself all participants talked more spontaneously. With practice, incorporating "as if" listening became more natural, made it easier to get "out of one's own head," and "gain insight from all perspectives and all members."

The experience had a similar effect on the interaction between client and therapist, with the additional benefit of supplying "another snapshot" or view of a client's world. Roles between family members and therapists became blurred and/or challenged what normally occurred, creating space for new interactions, disrupting a lack of progress or "stuckness." One participant coined the "as if" framework as "user-friendly" for supervisors, supervisees, and families. Participants said that it helped to instill a feeling of confidence that new thinking and ideas could be created and tried.

Listening was affected. Care was taken to listen more carefully to colleagues and to client families, especially to "what was not said." When participants were listening to their colleagues talk in tentative ways, at times there was confusion and worry that some of the possibilities generated would not match client realities. There was concern about drawing "incorrect conclusions" from the exercise that would lead to ineffective interventions or confusion.

Implementing "as if" also became an issue of "fit" in therapy and supervision. The "as if" technique was considered to be most effective if used selectively. A clinicians' purpose or agenda and/or a family's styles of individual listening, a willingness to try a pretend technique, or a specific problem area were criteria by which to determine when it would be appropriate to utilize the "as if" approach.

Some of the supervisees saw themselves as needing to be as flexible in supervision as in therapy. The reduction of a hierarchical arrangement, opportunity to be spontaneous, and the respectful nature of this approach helped some participants who were initially "resistant" to become less "resistant" and benefit from the experience. Questions about the amount of time required, additional work involved, and practical applicability were of concern in evaluating the value of the "as if" technique. When it was demonstrated that "as if" thinking did not place any more demands upon

clinicians than their normal supervision process and that it produced useful outcomes for therapeutic work, "resistance" decreased.

Category: Comparing "As If" to Role-Play

Making fine distinctions between listening in an "as if" position and enacting a role (as in a role-play) seemed to create a considerable stumbling block for quite a few of the participants, especially during the first phase of this project. Where the role-play mode had been used, the "as if" experience was called "restrictive" and "contrived." The focus had moved from listening to enactment and fulfilling a role prescribed by the therapist's description, almost as if the therapist were a director giving out choice parts (roles) rather than listening to the lines. In this way, the supervision team merely re-created the system in accordance with the therapist's reality of the situation. They were attempting to perform a role that emanated from the mind of the therapist, trying to give a mirror image of what the therapist already knew.

One of the supervisors called the researcher for clarification on taking roles. The researcher stressed the *listening* component of the "as if" exercise, that is, *listening* to the information from all exercise participants "as if" one were in the assigned family member's position. No acting according to a script was required. This conversation

cleared the initial confusion. When the focus returned to listening and then reacting from a specific family member's position, this supervisor reported greater comfort (he had been listening from the therapist position only and was uncomfortable telling his supervisee what he as therapist would do) and new possibilities for discussion and action developed.

However, one of the groups was never able to escape from the role-play modality. For them, the concept of role-play prevented transformation to the fine, but important, distinctions (listening and speaking from a certain position versus acting in a role) between "as if" and role-play, so all they created was re-enactment. When this became apparent in the first debriefing interview, the researcher used an "eavesdropping" metaphor to help clarify the difference between listening to and re-enacting a case presentation. The metaphor was presented in the written summary statements from the first debriefing interview: "Perhaps the eavesdropping metaphor would be a more appropriate comparison. The questions that come to my mind are: 'What is it like, what are the reactions to listening to your therapist talk about you in this manner? What has the therapist understood, misunderstood, left out, not attended, over-emphasized?'"

Despite this explanation/metaphor, the shift from role-play to "as if" positions was never successful for this group.

One of the team members admitted that at the end of her participation in the study she could still not see the difference between the two activities.

Category: Work Setting

Settings where a hierarchical supervisory arrangement was the norm were contrasted with settings where collaboration was the normal protocol. In the former, inclusion of "as if" was more difficult as it blurred previously well-defined boundaries. For example in the hospital setting, the supervisor role was that of an expert. The assumptions that existed, though they were not necessarily spoken, were that the supervisor was the expert and the supervisee was the non-expert. When the "as if" technique was in operation, this dichotomy was temporarily suspended. The hospital supervisor, who also participated in the university setting, was initially hesitant about trying this technique with other supervisees beyond the supervisee with whom he worked in this study. With the study supervisee, he felt comfortable working collaboratively because of the nature of their personal and professional relationship. Although he was concerned about tampering with the hierarchical arrangement that existed with his other supervisees, he approached some of these other supervisees about the possibility of trying this technique in his supervision sessions. He said that they expressed interest in experimenting with this technique. Thus, this

approach was successfully used in a setting that operated with a traditional, supervisory structure.

The teams that generally worked in a collaborative fashion also experienced a shift. That shift was described by one participant as a move "from providing consensus interventions to non-consensus conversations." In other words, a variety of options generated for a therapist was viewed as more helpful than one agreed-upon intervention. The majority of the groups were in agreement with one another regarding the use of this technique. They agreed that it was not a model of supervision, but favored it as an alternate tool to use at a supervision group's discretion. They had stated that they thought it would be most effective in live supervision, in presenting "stuck" cases, in meeting an individual therapist's needs or goals, and in consulting about cases. It was also suggested that this technique could be tried in other contexts. Outside of the office or clinic settings, "as if" might be useful in working with treatment teams composed of members from a combination of agencies and in outside consultation sessions. Not restricted to clinical applications, it was proposed that the "as if" technique could even be used in new student and employee interviews and working with colleagues on special projects.

Category: Research as Intervention

This category speaks to the influential nature of participating in this study. Participating in the research itself became an intervention, a catalyst for change, an opportunity to try something different for those involved. The kinds of changes that emerged were not time-bound by the study. That is not to say that the differences this study made in the participants' lives were pervasive or everlasting, but as any perturbation in a system, participation created a space for movement and difference to occur.

The most obvious changes were the behavioral changes. In live supervision, the supervisors noticed that "the team behind the mirror paid more attention given their observation assignment. It was quieter behind the mirror and the characteristic of consensus in the talk disappeared." Other participants noticed some differences in the supervisory relationship. "The research provided an intervention that changed the context and nature of supervision to a more collaborative interaction." Even groups which prided themselves on their openness with one another and their non-hierarchical arrangement in supervision noted that there was even greater ease within the group that was "liberating within the group," and helped to create an atmosphere that was "even more laid back than normal."

Another aspect of the interventive influence was in the area of creativity. All groups had comments about the format to which they were assigned and had suggestions for other possible ways of using "as if" thinking. Combining reflecting team formats with "as if" thinking, suggesting "as if" work in other settings and contexts, and using this technique directly with families are examples of the creative combinations that emerged. One participant stated that being a part of this project "mixed things up and got me to thinking about various formats."

The interventions have been described previously in a variety of ways. Some participants found themselves naturally slipping into modes of proceeding in other contexts and situations that incorporated some of the shifts in thinking that they had cultivated. Without a formal prompting, some participants used "as if" thinking to prepare for "sticky" or potentially troublesome situations in therapy that had not yet come up in supervision sessions. Some also projected that they could easily ask their supervision team to take "as if" positions when they had a difficult or frustrating case to staff. One participant had reported that overall, the changes in the way she spoke in supervision were slight. For her, the significant change was in *listening* from different positions-- "that added the extra." The transfer from always listening as a therapist to listening from a variety of positions produced

a new kind of help that did not take extra time or place added demands on the therapist's responsibilities.

As with the interventive influence in any study, the ideas espoused and written about have the potential to become reified, glorified, and solidified. "As if" thinking and processes are at risk of becoming an "it," a prized catch that has a personality and traits, a right way of being, with the researcher becoming the defender and chief proponent. One of the participants captured this as he wrote in his feedback after the second debriefing session.

'As if' becomes a new term and other terms revolve around it. I'm associating 'empathy,' 'client-centered,' 'flexibility,' and 'staffings,' with the 'as if' technique/approach. It has become a 'buzz word' for your study. 'As if' this--'as if' that. What does it mean for you, for others? Subjectively, we all spin it in different ways. What of our perceptions of therapy, supervision, etc. have undergone change? Could the participant (or anyone for that matter) have predicted his/her responses, conclusions prior to this study? Are the responses given such a part of the respondent's "personality" that his/her responses could be anticipated with no need to test them?

Leftover Topics

Leftover topics is a "noncategory" composed of the singular comments or brief references that did not fit into any of the other categories. One such topic centered on when the greatest value of the exercise occurred. There was some debate that time spent thinking and talking from "as if" positions was most beneficial. For others, the groups' own debriefing session provided the greatest insight and learning. Opinions also varied as to whether this technique was best used routinely or as an alternate approach. Even in routine use (which was the minority opinion), variability was suggested. Most participants indicated that using "as if" for "stuck" cases, in live supervision, or at the request of a therapist with a certain agenda would be the most effective uses of the technique.

CHAPTER V

DISCUSSION

This was a qualitative study designed to elicit the perceptions of participants' experiences using the "as if" technique in their process of family therapy supervision. The study was also designed to examine commonalities and differences within and between the supervisory groups with respect to the meanings generated from the experience. The Major Categories that emerged from the study were:

"Experimenting with the Format, Empathizing with Clients, Applying "As If" to Families, Growing Personally and Professionally, Creating a Safe Environment, Generating New Ideas, and Research as Relationship. These categories included a range of responses and comments that the groups offered. They also reflected an appreciation of the ideas that were common to the groups as well as to the differences. The Unique Categories of *Therapy and Supervision Isomorphism, Comparing "As If" to Role-Play, Work Setting, and Research as Intervention* generally reflected issues and experiences that were particular to subsets of the sample. The range of comments within these categories were not as diverse and, therefore, the categories highlight ideas that were special to a select few.

Nineteen individual participants, in six supervisory teams and located in three different settings, shared

descriptions of their experiences as they employed this approach in their clinical supervision. They provided a range of responses that, for the most part, validated and corroborated the information used as the justification for this study. The literature indicated that conversation structured from a variety of perspectives would yield new and multiple meanings (Andersen, 1987, 1991a, 1991b; Anderson 1993a, 1993b; Anderson & Rambo, 1988), and the results indicated that the participants in this study had similar experiences. In addition to lending support to the theoretical arguments that favor this type of a supervision strategy, the participants provided information that led to a completely new and unanticipated category called *Research as Relationship*. This category does not directly address "as if" content issues within the study. Rather, it focuses upon the influence of the relationship between participants and the researcher and the impact this relationship had upon data production and analysis.

The results demonstrated the generative nature of the "as if" concept, general methodology, and the specific procedures employed. Participants, individually and together with their team members, co-created new ways of approaching and conversing with their clients, their colleagues, and this researcher through participation in this study. They generated new variations on structuring the "as if" process by

using it directly with clients, conceiving special reflecting teams or preparing for difficult therapeutic encounters. Thus, they made "as if" processes applicable in a variety of settings and contexts demonstrating its flexibility and utility in supervision and therapy.

Methodological Issues

Two aspects of the methodology of this research merit special consideration because they have close links to how therapy is done. The first consideration is the phenomenological design of the study and the second aspect concerns the initial step in the analysis process.

Since the first purpose of this study was to learn about participants' experiences from their descriptions of their experiences with "as if" thinking, a phenomenological design was chosen. Rooted in the phenomenological foundations built by Schutz (1967), a person's self-interpretation and descriptions of daily life circumstances define that individual's world. "In other words, the life world--what we take to be actual objects and overall reality--is fundamentally an attitude, an orientation to experience or form of subjectivity" (Gubrium & Holstein, 1993, p. 656). Within this phenomenological framework, participant perceptions and the meanings associated with the experiences were the data rather than "actual events" or "facts."

Participants' subjective accounts and interpretations became the centerpiece for analysis.

A study designed to learn about a person's experience and the process of doing therapy have much in common. In therapy, clinicians deal with a client's subjective descriptions, attitudes, and behaviors and consequently less on an objective set of facts or occurrences. A clinician must rely upon the client's individual account of his or her life events and the meanings connected to those events, accepting those descriptions as the legitimate and accurate information to utilize in the process of therapy (Anderson, 1990; Anderson & Goolishian, 1988; Goolishian & Anderson, 1987a). What clients believe to be true and the meanings they attach to the relationships and events of their lives are more significant than what "really is" in some objective sense or "should be" in some moral sense. Their idiosyncratic views, attitudes, and beliefs are the relevant elements for therapeutic work and subsequent change. Furthermore, the points made about therapy are equally applicable to supervision. A supervisor's salient material is what his or her supervisee believes about the therapy process and client families (Anderson & Rambo, 1988). This is the "stuff" of supervision. The supervisee's individual interpretations, attitudes, and understandings supply the "data" for discussion and consideration. Therefore, the phenomenological perspective informs the world

of family therapy practice and supervision, theoretical formulations, and research practices in ways that affirm how practice, theory, and research can work together to the benefit of each endeavor.

The second point for additional attention is in regard to an initial step in the analysis and also has implications for the theory-research-practice connection. As is common in phenomenological inquiries, the analysis is begun immediately (Tesch, 1990). In this study, the analysis was begun immediately and concurrently with data collection. Comments made by the participants about their use of "as if" in supervision were the data. The researcher and observer immediately encoded those comments into field notes in the form of main ideas and selected quotes. This was the initial step toward the formation and development of clusters and categories.

This "immediate analysis" was done to capture the non-verbal elements as well as the verbal elements of the conversational exchanges "to achieve a closeness to them [data] and a sense of the whole" (Tesch, 1990, p. 93). Working strictly from transcripts or even videotapes can restrict the data analyzed by losing some of the contextual information when the analysis is conducted apart from the actual interview (M. J. Brotherson, personal communication, October, 16, 1993). By necessity, the written words of the

interview or the angle and scope of the video camera selects what is recorded; this excludes portions of information. The field notes which were topical ideas (as well as direct quotes) helped to record a "process account" (Acker et al., 1991). Therefore, the self-report, which was expressed "after the fact" was immediately analyzed to encompass as much information as possible. This type of "immediate analysis" allowed the researcher to include the "tone" as data, for example, non-verbal agreement or disagreement among team members, humor, or follow-up commentary. The sequence of speakers was noted and the feeling of the group responses was taken into consideration.

There was a deliberate attempt to not separate data collection from data analysis, similar to the way "data" or information is collected and "analyzed" or talked about in some styles of therapy. Instead, the reflexive nature (Lynch, 1988; Rennie, 1992), that is, "the tendency of feminists to reflect upon, examine critically, and explore analytically the nature of the research process" (Fonow & Cook, 1991, p. 2), as well as the interpersonal influences, and the influences of prior knowledge and experience (Stanley & Wise, 1991) of that process were pronounced by not looking at the data from afar or in an atmosphere of detachment from the interview context. The researcher's and observer's (and video tape equipment) entry into the setting were taken into consideration

acknowledging that the questions that were asked, though broad and open, still influenced the conversation. The researcher's presence and relationship, the training information, and the periodic summaries that were provided influenced the types of responses made.

No provisions were made to compare or check the participants' descriptions of what happened in their supervision sessions against what "really" happened. Methodologically, that was a choice that was in keeping with valuing and centering on the world as experienced by the person.

This study from its inception was viewed as a preliminary work in that its purposes were stated broadly and globally. Having no prior formal research on "as if" practice to refer to required a more general study of the overall nature as participants experienced "as if" work in supervision before focusing on some specific element of the "as if" process.

Content Categories

The categories were derived from the information that the participants provided in the debriefing interviews midway through the project, at the end of the project, and in the multi-team semi-structured interviews. Overall, five of the six supervisory teams liked the "as if" approach and found it helpful in their clinical work. One of the teams found that it neither met their needs for efficiently discussing case

material nor did it fit their established style of conversing. That was the greatest observed difference between the supervisory groups besides the protocol formats.

Three of the major categories, *Growing Personally and Professionally*, *Generating New Ideas*, and *Creating a Safe Environment*, were quite similar to the purposes that Anderson (1993a, 1993b) set forth in her theoretical work and large group presentations. Her work has indicated that the notions suggested by these categories are reasons to utilize "as if" thinking in clinical supervision. Many participants reported that they found that they were "in tune" with their clients which increased their confidence in their therapeutic abilities. As a result of considering different roles and positions, the exercise helped most supervisees "to see things broader," that is, not only from a familiar or commonly held point-of-view.

Group consensus, or agreement about the best recommendation for a specific therapist and intervention, was diminished and the freedom to express a variety of ideas for consideration and use was increased. Differing and conflicting opinions and ideas remained as viable possibilities for use with clients and for supervision discussion. This was related to the creation of a safe environment. With all options as legitimate possibilities, participants were free to speak from positions of "not

knowing" (Anderson, 1990) and thus found no need to defend their "pet theories" or try to convince others of the superiority of any one idea.

The data from this research suggest that these are outcomes of employing the "as if" process. Therefore, these categories were not surprising based upon the information already obtained from workshop participants (H. Anderson, personal communication, June 22, 1994). They provided both validation and corroboration in a research context.

The categorical scheme is an example of a careful consideration of the process of the research within this study. Purposes and outcomes appear identical. Does that reflect a "pre-determinism" or a reflexive loop where there is mutual influence? Perhaps this pre-knowledge and direct experience with the "as if" approach in a large group consultation setting could have caused the researcher to see the data in those terms quite naturally and easily. This is not a matter to be taken lightly. It is a therapeutic dilemma as well. For example, certain therapists see and frame a variety of behaviors as symptoms of prior abuse. Yet another therapist with little specialized training in abuse would likely use another organizing framework or create a new idiosyncratic one. It seems that theory rooted in experience affects practitioners, researchers, and even "lay" people (Stanley & Wise, 1991). It seems further, then, that

therapeutic interventions or research procedures can appear to the user or consumer like a universal "reality" rather than decisions made by favoring some choices and relegating other choices to the margins of acceptability.

Yet, there may be another plausible explanation for the similarity between the theoretical writings about "as if" and the results of this study. It could be that there is a strong "correlation" between the kinds of feedback that Anderson (personal communication, June 23, 1994) has received in her presentation evaluations and the kinds of feedback that the participants in this study offered. The difference was in the method of obtaining the feedback. In this research, there was a definite protocol developed, and many decisions were made by the researcher that directly affected participants, such as placement in formats, length of time to conduct the study, and interview schedules. Unlike training contexts in which practitioners attend for professional enhancement or to receive a service, participants in a research study are asked to provide a service, and, therefore, motivations and intentions are significantly different. In light of these structural and contextual differences, many of the outcomes have much in common. Perhaps these are tapping similar elements in different ways lending support to the quality and value of the research findings.

Empathizing with Clients was a category that impacted participants greatly. They were affected by the heightened emotional levels as they listened from a variety of positions. This experience helped clinicians to maintain a systemic perspective as they focused on other family members' positions in addition to the referred family member. By using "as if" thinking they were reminded of the relevance of each person in any human system in the maintenance and development of the entire system and all participating elements.

Participants did not utilize the "as if" formats in their supervision sessions exclusively. They were actively Applying "*As If*" to *Families* which formed a separate category. Some of the therapists actually used the exercise with their clients and found that the approach afforded clients permission to voice radically different views and increased understanding of one another's thinking and reasoning. One client was even able to see his situation from the position of his therapist as they used this process.

The "*Experimenting*" with the *Format* category was also anticipated by virtue of the research protocol which divided the supervisory teams between the *Structured* and *Free Choice Formats*. It was expected that a considerable number of comments would have addressed the imposed structure and the variety of permutations for "as if" implementation. It was expected too that participants would follow the *Structured*

Format extremely closely. Each of the teams reported following the pre-designed structure according to their interpretations. They further reported adapting it spontaneously at times when the discussion warranted a change, but then consciously returning to the format provided. While this was not a surprising outcome, it demonstrated the productivity, newness, and applicability collaborating can create. Participants had reported that they came up with new ways to converse and intervene in "stuck" cases. The introduction of a new idea through different structures is a partial explanation for the participants' movement in stuck cases. This method probably was most appealing in "stuck" cases because it provided alternatives when therapists were worried about having exhausted options. Introducing a different way to make suggestions may have been the catalyst toward generating new ideas. They suggested additional ways of including "as if" thinking in supervision and in direct contact with clients.

The category, *Research as Relationship*, emerged in this study as a category that was not anticipated. As a category, it is qualitatively different from the other categories. It was a commentary on the nature of the relationships between the researcher and the participants. The other categories centered on the specific content of the "as if" idea or the format that was assigned to the groups.

This category began as a seemingly isolated comment made in response to a written summary given to the groups after the first wave of data was collected. Its prevalence became apparent and its significance grew as the participants discussed the comment in the semi-structured interviews during the last stages of data collection. As the idea was talked about and considered, the broader implications for all research became more important to this researcher. Whatever the participants think of the research that is being conducted and the researcher involved is a significant factor in the types of responses that are offered in the data gathering stage and would appear to be influential in any research activity. Furthermore, this idea, which has been raised theoretically, was grounded in the data from this inquiry. The participants (including the researcher) co-created this category by overtly talking about what had been covertly occurring.

Research as Relationship is an idea based upon some of the principles set forth by symbolic interactionism. Like the interactions between children and parents, or students and teachers, reactions and responses are made in accordance with the definition of the relationship. "This social nature of self indicate[s] again Cooley's philosophical idealism--the 'imagination' we have of one another 'are the solid facts of society'--and illustrate his extreme subjectivism" (Timasheff,

1955, p. 155). As social beings we coordinate our actions and our thoughts in the service of our relationships. Those relationships that impact us more dramatically, or are more significant in our lives, are given greater concentration and energy than those that are more casually defined or less influential.

All relationships invite coordinated activity and the researcher-participant relationship is a coordinated interpersonal activity that is mutually influenced and affected. Participants have varying degrees of investment in a research activity and the responses in this study have shown that they are highly influenced by the relationship with the researcher. Likewise, interpretations of the data were affected by the investment in relation to the participants.

Research as relationship does not end at the level of researcher and participant. The researcher's relationship to funding sources or committees charged with the power to approve or disapprove a project carries import in the design, implementation, and subsequent reporting of that research. These factors are generally acknowledged in ways that do not place value on their influence in the processing of data and reporting of results. Researchers may be well-advised to reconsider this factor in more overt ways through their research efforts.

The *Unique Categories* were interesting because they represented ideas that were pertinent to particular subgroups within the sample. In this study they are the ideas that occupy the "marginal" regions of conversation and consideration. They are important for their "local" significance, or, as Geertz (1983) writes, "seeing ourselves amongst others, as a local example of the form human life has locally taken, a case among cases, [or] a world among worlds" (p. 16).

Therapy and Supervision Isomorphism was a category that captured issues common to therapy and supervision (Liddle, Davidson, & Barrett, 1988), especially hierarchical position, quality of listening, and a sense of teamwork. The "as if" process promoted a collaborative effort in supervision where all participants, regardless of years of experience, spontaneously talked and offered possible perspectives. Participants reported that they listened more closely to their colleagues. Dialogue which generates possibilities is characteristically tentative, suggesting possibility, not the way situations are or must be. Some participants reported a concern that such tentative talk could be misleading and promote "incorrect conclusions" which could be confusing in therapy. However, this concern seemed to decrease as the study progressed, possibly due to positive effects of generating useful ideas.

Comparing "As If" to Role-Play was an example of how pre-conceptions can hinder progress. In the initial stages of the study, it was necessary to clarify and distinguish role-play from "as if" listening positions by stressing the special kind of listening that was involved when participants were listening to a case presenter. This confusion was a stumbling block for quite a few of the participants. One of the supervisory teams was never able to escape from a role-play mode, and this was a significant factor in their dissatisfaction with the process. They reported that their application of "as if" reenacted what the supervisee has directed, producing no new perspectives with which to apply to case material.

The *Work Setting* category was most pertinent to those who worked in a traditional hierarchical setting where a supervisor was expected to operate in the capacity of an expert. Given the collaborative nature of "as if" supervision, this arrangement is problematic. This approach was utilized successfully by a team located in a setting that operated within a traditional supervisory structure. Participants also suggested trying this approach in other contexts such as consultation teams, new student and employee interviews, and in working with colleagues on special projects.

Research as Intervention focused on the changes that occurred in supervisory team interaction as a result of participating in the study. Changes included more attentive listening behind a one-way mirror, more "collaborative interaction," an "even more laid back than normal" atmosphere in supervision, and creative suggestions like using "as if"/reflecting teams with client families and supervisees.

Contributions

This study has contributed support, obtained through systematic inquiry, to the value of employing "as if" processes in clinical supervision contexts. In a research framework, this study has produced nearly similar results to those claimed in practice (evaluations from workshops and presentations) and matches claims made theoretically about multiple realities, listening, and conversing in a variety of ways. Perhaps this entire study could be viewed as a mode of "triangulation," that is, through research, theoretical and practical work themes were substantiated. In other words, overlap between this research and theoretical and clinical claims reveals what is important, critical, and useful.

Many of the findings that appeared in this research format substantiated the conceptualizations espoused in the literature review. The "as if" process was subjected to a different type of review and treatment via this formal research investigation and reporting. The results and

researcher interpretations represent beginning groupings and categorizations that have previously been informally reported in training contexts. In this work, they are reported formally in a research frame. This is a different type of systematic method for organizing and presenting "as if" ideas that departs from workshop evaluations.

By means of this different modality (formal research), the results can add to theoretical applications of "pretend" techniques in supervision and to theoretical notions about relationship influences in the research process. The categorizations of the data were influenced by pre-knowledge of what benefits are derived through the use of innovative and creative thinking that focus on multiple realities in therapeutic work. Consequently, the data supported the positive and beneficial aspects, that is, an increase of empathic understanding, the generation of new options in therapy, and increased personal and professional growth fostered by using "as if" in the supervision context. The participants also contributed a variety of new formats for employing "as if" thinking in supervision. They found that "as if" thinking and exercises could be used directly with their client families, behind observation mirrors in order to give feedback to a training therapist, in combination with a reflecting team format for the client/therapist system, as rehearsal for potentially difficult therapeutic encounters, or

as a frame for offering multiple and conflicting forms of feedback to a family.

It was not expected that the "as if" approach would have universal value and appeal. Like any technique, approach, or theoretical concept, limitations or disadvantages can be derived from exactly that which is most beneficial or advantageous. "As if" use in supervision is no exception. The data also contained participant reports of doubts, confusions, and drawbacks to developing "as if" concepts into a model of supervision.

The category *Research as Relationship* has implications for theoretical development. The category was derived from the data without pre-consideration of its influence in the theoretical justification for this project. The significance of this dimension in research was surprising, unanticipated, and exciting. These relationship notions have been written about in theoretical works and particularly in reference to research activity conducted primarily by feminist researchers (Fonow & Cook, 1991; M. M. Gergen, 1988; Osmond & Thorne, 1993).

Relationship influences have been carefully considered and acknowledged in the therapeutic domain. It has long been recognized that the relationship between a clinician and his or her clients is critical in therapeutic work. The relationship connection between researcher and those

researched has been shown to be a significant element in the research process (Brown & Gilligan, 1992; Stanley & Wise, 1991). However, in the research modality, they have been addressed as cautions in the research process, as interferences that cloud or confound the data as opposed to data itself.

Limitations

This study was a beginning effort to articulate participants' reactions to a specific supervision technique. Results were influenced by many of the steps that were taken prior to gathering the data. For example, pre-study of the concepts related to "as if" thinking, that is, the current theoretical suggestions and writings that had been incorporated into a theoretical justification, gave a preview of things to expect. Another source of influence was the researcher's direct experience both in workshops where the "as if" approach was conducted and led by Harlene Anderson as well as in continuing conversations with her throughout the time this study was prepared, conducted, and written. In addition, the sample that was chosen was deliberate. Those who did not participate were as important in influencing the findings as the participants who did take part in the study. Furthermore, the study design elements channeled the flow of certain kinds of information while restricting others. A change in any one of these components would affect the findings. In other

words, a change in context would be accompanied by a change in results and reporting. Every deliberate choice made in research can be a potential advantage or source of criticism. Even an attempted replication by the same researcher would likely yield some of the same results plus some results that were different. The research design or protocol could be repeated, but the ideas and topics that would appear would vary.

Another possible choice that could have influenced the study would be to triangulate the data. Triangulation is considered one of the core elements in credibility and confirmability, necessary conditions for trustworthiness. A limitation of this study could be that the data was not triangulated; however, given the original question of curiosity about participants' experiences, and a desire to generate a variety of perspectives or viewpoints, triangulation may not have yielded the breadth of responses that appeared otherwise. In its favor, triangulation might have yielded stronger support for a few of the responses, thus further strengthening the credibility of the results. It also might have supplied different and additional material for analysis.

Other suggestions for modification of the study would be to increase the sample size or study the use of "as if" in supervision for a longer period of time. Comparison groups

could be run to compare groups who use this approach regularly or for longer time periods. Data collection could have taken place immediately after supervision sessions, supervision session could have been observed or videotaped, and participants could have made field notes upon viewing their own sessions. Though all legitimate and interesting possibilities, they require extra time which is a major priority when obtaining a sample.

Perhaps the greatest limitation comes in language usage. Discourse or the way that we use language (Andersen, 1991a; Shotter, 1993a), seems to create the greatest handicap. In the process of this research, "as if" was called a technique. Its originator has always thought of it as a concept or process (H. Anderson, personal communication, June 23, 1994). Referring to "as if" thinking as a technique or as an "it" has artificially reified it in order to study it. Reifying the concept by using terms such as "it" or "technique" limits the fluidity and the emphasis on process. Instead, this kind of language usage gives the impression that the "as if" concept is a thing with finite identifying or associated traits. This type of discourse has promoted self-limitation and injustice by making it discrete in order to fit into a study modality.

Implications for Practice and Research

The "as if" concept is a valuable supervisory process for generating new ways to talk about therapeutic cases. New ways of conversing about cases can yield fresh meanings and creative interventions in therapeutic casework. The approach was found to be used resourcefully with clients and not limited to supervision sessions. It can be used in any setting and requires no extra funding for equipment or personnel. In addition, it can be an efficient process for stimulating creative and effective interventions.

However, it may not be ideal for everyone; supervisees and teams need to feel a "fit" for it to be successful. In therapy and supervision, fit usually is related to meaningfulness and relevance for those involved in the interactions. When the conversation stimulates thinking and further discussion, the match seems to be appropriate. If conversation is redirected or stunted, it is likely that the dialogue does not pertain to the participants' views of themselves relative to their world.

A caution in the use of "as if" in supervision was voiced by some of the participants. There were some initial reports that talking from "as if" positions could lead to "incorrect conclusions" or confusion for clients and supervisees. There was a concern that "as if" dialogue (which was tentative and merely suggestive of what might be realistic) could be

interpreted as another person's reality. Equating ideas generated as possibilities for new thinking with claims about knowing exactly and completely another person's world could detract seriously from the value of "as if" processes.

With respect to research, it offers evidence that researchers can give overt consideration to the relationship between the researcher and the participants. Some feminist writers in particular have been attuned to these relationship issues in the research process (Acker et al., 1991; Brown and Gilligan, 1992; Stanley and Wise, 1992) and promote centering that aspect of research within their research products. This suggests a critical review of one's work before, during, and after the actual study, especially stressing the inherent inter-connectedness between researcher and those being researched. This acknowledgement of the importance of relationships within the research enterprise is also made by many therapists regarding their work (Boscolo, Cecchin, Hoffman, & Penn, 1987). This point insists that therapists (and researchers) see themselves as part of the overall picture of therapy (or research)--not apart from it. One cannot stand outside those systems as if one were an objective, detached observer. It also has implications for collaborative research (action and emancipatory) where research becomes overtly co-research with the participants.

This category raises questions. Can any research project ever disregard the influence of relationship within the study? What assumptions do we make, and how necessary is it to acknowledge the researcher/researched relationship influence? How could it best be reported or accounted for? How could it best be seen as useful or helpful? Perhaps this category lends support for emancipatory research methods where the goal of research is increased awareness of social inequities and decreased injustices (Lather, 1986; Osmond & Thorne, 1993). Emancipatory methods are embedded within the social construction of these inequities and injustices accomplished by people in relationship to one another.

Another implication has to do with "blurring" the distinctions between the activities of therapy and research. This research was conducted in ways that are very compatible with therapeutic processes. Perhaps even some of the methods used in therapy can be applied to research and vice versa. Phenomenology and "immediate analysis" were critical elements of the methods used in this study. The phenomenological aspect was the design to gather perceptions, which is exactly the "data" of therapy. The immediate analysis of this research closely resembled reflective listening and writing case notes in therapy. The process of writing case notes in therapy involves the therapist in the conceptualizing process of deciding what is relevant and what could or should be done.

The "immediate analysis," in a similar fashion, helped articulate the data into a coherency that led to some research conclusions and outcomes. These comparisons seem natural and maybe represent something known but just not talked about in these terms.

Some of the participants noted how the research protocol acted as an intervention that induced systemic change. Are the distinctions between research and therapy useful? What if marital and family therapy research and therapy were conceived of as similar or even the same? It seems that the terms collaborative, action, emancipatory, and phenomenological research are headed in ways that blend the roles of researcher and researched. If they were more closely aligned, perhaps clinicians would feel more inclined to participate with and utilize research products. If they were more closely aligned, clinicians may be less likely to lose the heart of the meanings and possibilities associated with "as if" for example, as tended to happen in the process of "operationalizing" it for the purposes of systematic study. By reducing it and somewhat decontextualizing it, information was altered or lost. The act of informing participants that using this concept was part of a research project changed or directed meanings. Participant motivations, expectations, and intentions were channeled based on their knowledge or impressions of research. If the project had been part of an

involuntary program or an incentive program, the meanings and attitudes toward using "as if" concepts would probably have been considerably different.

Researchers aspire to add to professional knowledge to bring about social change by studying some phenomenon. Therapists correspondingly aspire to create behavioral and attitudinal change often through the accumulation and use of knowledge. Therefore, both research and therapy may resemble each other in their shared twin goals of developing a greater base of knowledge as well as helping others as a result of the research focus.

For example, the *Research as Intervention* category indicated that participating in a research project provided a structure in which new thinking was produced and advanced, an outcome that sounds very much like a therapeutic outcome. The researcher/participant relationship factor may often resemble the therapist/client relationship when it has been described by research participants.

Would it be advantageous to one or both areas to investigate the overlap of their heretofore considered distinct arenas? Therapists seem to be researchers and sometimes researchers through their projects are therapeutic (i.e., helped with stuck cases, increased empathy, bolstered self-confidence, gave credibility to choices that normally would be rejected).

The *Research as Relationship* category resembles a therapeutic relationship more than a research relationship which is generally thought to be objective and removed. In this study, the researcher's relationship to the participants was not removed or detached--it was involved and facilitative. The characteristics of collaboration, reflexivity, and influential relationship are characteristics generally associated with therapeutic encounters and contexts. Yet, they fit in a research context.

Ways to conduct research that are relevant, familiar, and pertinent to therapy may need further thought and planning. Such research would give credence to mini-research projects that are done daily in therapy sessions, but not considered to be "research" in the more formal or traditional sense. Perhaps the methods are already in our possession, and we can use them in research as well.

CHAPTER VI

EPILOGUE

How can we know the dancer from the dance?

--William Butler Yeats, "Among School Children"

The Discussions Section consists of four parts, each written from a different perspective. They are: *Story: Sally*; *Story: A Clinician*; *Story: A Graduate Student*; and *Story: Epilogue*. This epilogue exemplifies four different ways to express meanings generated from the project, questions that the project evoked, and implications for further discussion and study. The first narrative is a description of realities socially constructed through conducting and analyzing this study. The middle two are possible realities socially constructed through subsequent readings of this study to illustrate the "as if" technique's use in research about the efficacy of using the "as if" technique in family therapy supervision. The concluding narrative is the last reflexive loop of this project, containing comments on the entire work.

Interpreting data is a product of reading the data. Because reading is an interactive process of reader and text, the reader, situated in a unique context, must be considered in order to make sense of the interpretation. Thus, the reader of the interpretation of the data enters into new relationships with the data via the writer of the interpretation (Lax, 1992). Like a therapist with a client,

the reader enters into a sense-making process with the writer, seeking understanding of another person's understanding of the material presented. In the process of understanding, however, we add to the story to co-create something beyond the original design or intention of the original writer.

It seemed appropriate, in a project that centered on creating multiple views of the world in order to generate multiple understandings, to discuss the results from a variety of views. Each of the following discussions is one of many possible ways of presenting a critical account of the analyzed data obtained throughout the course of this study. These discussions utilize "as if" thinking in the context of writing research. In the study itself, "as if" content and the research process were intertwined, and the attention to the "as if" exercise was a vehicle to conversing in a variety of ways. Similarly, I would like to use it as a vehicle to write from several positions.

Participant voices have been presented throughout this work as part of the reflexive design and rigor. In the first of the discussions, I will abandon my efforts to "fairly" represent the breadth of voices in this study in favor of highlighting my own unique positions. Therefore, in the first of the discussions, my voice is featured. I describe my own experiences and interpretations of the findings throughout the course of this study. It is the contextual account from the

position of the researcher in this project. It is written in the first person and elaborates the issue of *Research as Relationship*. In this portion, I could be compared to the case presenter who has listened to those who have spoken from a variety of positions (study participants) and then reacts to those diverse views and thoughts.

The second section is an alternate interpretation of the study written from the position of a clinician. The third section is yet another interpretation written from the position of a graduate student. In each of these sections, I read my own study "as if" I were in those two respective positions. Positioned as such, I write reactions, questions, and speculations on my own work. Each of these two pieces may be described as simulacra, that is, copies without originals. They are not strictly autobiographical; rather, they are accounts of what I believe a clinician and graduate student might say after reading my study. This section is fashioned after the task of the "as if" listener. The fourth section is the conclusion of this research and writing project, but it is not the final word. There can be no final word in a process that must continue to evolve to stay alive.

Story: Sally

. . . it is the experiences you share with others and the stories that you tell about those experiences afterward, and the tales you bring from the past and future that create the ultimate bond.

*--C. P. Estes, The Gift of Story: A Wise Tale About What
is Enough*

A clothes shopping expedition can be a fun outing or it can be an ordeal to be endured in order to return home with the necessary purchases. Regardless of the level of frivolity, trying on the garments to check for fit, look, and quality is a necessary step to minimize the risk of a bad selection. Listening from "as if" perspectives seems to be similar to trying on new clothes. Each outfit or perspective may have some redeeming qualities that force a difficult choice among several that are equally appealing.

At some point, however, it is necessary to weigh all the possible choices that have been selected from the racks and come to a decision about which would be the most appropriate purchase. Likewise, it was necessary to evaluate the various "as if" positions that were generated and decide upon a format for the presentation of the ideas produced by this research. As I have taken into consideration a variety of ways of approaching this topic of the "as if" technique--asking participants to describe their experiences, asking auditors to

provide interpretations of the notes and narratives they have read, and writing about the "as if" technique in family therapy from several "as if" positions--it is time to integrate some of my thoughts into a product that describes "my realities" of this work.

Like all human realities, "my realities" are grounded in a complex context. I was feeling a serious time constraint to complete this project which increased the already high stress levels in my life. The application and interviewing processes for securing an academic position were emotionally draining. When that uncertainty was removed by a job offer, it was replaced by the anticipation of a major relocation. In the meantime, I tried to function as a full-time, in-home family therapist and remain a family member in good standing at my own home.

My theoretical orientation is based in a social constructionist (K. J. Gergen, 1985) framework, but even working from this perspective became stressful. I seriously wanted to try some postmodern feminist notions such as maximal collaboration between myself as researcher and the participants in planning methodology (Tesch, 1990; Woodbrooks, 1991), or a collaborative dissertation with another researcher, or writing from the first person position. While we had talked freely in classes about the pertinence of constructionist ideas, applying them to meet university

requirements became frustrating. I viewed this project as not only the means to achieve my degree, but also the means by which to make some small contribution to the field. My intention was to add one new way of thinking--one new idea that would advance or perturb the field--one new idea that would serve as the basis for future inquiry.

The stress did not end with my expectations and desires. Working at home, separated from my colleagues and the university atmosphere, I worked without the creativity that a collaborative venture can produce. My committee membership was in flux at every stage of my graduate work. Furthermore, I suffer from a horrible syndrome--perfectionism; mediocre work would never be acceptable. It is important to me that I will be able to read this work years from now and not wince in embarrassment.

Interpreting the Report

As I analyzed the data, I found those procedures (Tesch, 1990) interesting and invigorating. However, I found that much of the information from the debriefing interviews merely validated what I had outlined and used in the justification for this project. While it is important for good research to validate or refute theoretical ideas (Badia & Runyon, 1982; Popper, 1968), that was not all that was accomplished. Some of the categories developed in this study performed the function of validating or lending formal and systematically

studied support to using the "as if" technique in family therapy supervision. The remainder of the categories seemed to serve the purpose of adding some new and useful critiques and clarifying some confusions that arose when the technique was tried by the supervision teams.

The major categories of *Growing Personally and Professionally, Creating a Safe Environment, and Generating New Ideas* were underscored by Anderson (1993a, 1993b) and Anderson and Rambo's (1988) work in supervision and consultation. Anderson (1993a, 1993b) introduced the benefits of using this technique in her live consultations at conferences. The benefits included a different way of talking that was risky, yet located within a safe zone. The "risks" included relinquishing cherished beliefs and assumptions as dominant (K. J. Gergen & M. M. Gergen, 1991; Morawski, 1990; Reinharz, 1985), thereby making room for additional and new meanings to emerge. Another "risk" that participants in an "as if" experience are subject to is exposure to alternate and multiple realities, each of which is viable and legitimate (Andersen, 1987; Goldner, 1993). These may be the divergent realities that vary from person to person or within an individual (K. J. Gergen, personal communication, April 2, 1993). This can be a most uncertain (Shotter, 1993) or unsettling occurrence. Lack of certainty or knowing (Anderson, 1990) is fertile ground for cultivating new and

multiple understandings if one can tolerate the accompanying sense of being without a clear focus.

Consideration of a legitimate multiplicity of realities is difficult if the evaluation of ideas is of primary concern (Badia & Runyon, 1982). Efforts directed toward judging the adequacy or accuracy of ideas are linked to convergent thinking and consensus, whereas generating new ideas is consistent with divergent thinking (Bateson, 1979). In a process such as the "as if" technique, where generating and centralizing a variety of ideas are valued, "brainstorming" and voicing-thinking-in-process are encouraged. A safe environment is critical for this type of conversation. Conversants who feel that they will not be criticized or judged can more freely express formerly taboo or discarded ideas (Brill, 1985). Creation of this fear-free atmosphere can be accomplished through language that is tentative and generative (Andersen, 1987). Imaginary or pretend techniques such as "as if" diminish the necessity of defending one's ideas and making convincing arguments for the correctness of an idea. The inventiveness of this process precludes judgments that seek to prove the truthfulness or empirical nature of objects or processes. These types of activities are helpful in promoting conversation that can stimulate our curiosity.

Fostering growth, safety, and creativity are crucial and self-perpetuating factors in introducing this technique to any group. They became rationale and outcome. They were useful agents in justifying and motivating participation in listening from different positions. New ideas emerged as participants placed themselves in a variety of listening positions. As people remarked about appreciating another person's (client's and colleague's) ideas, behaviors, feelings, and the ways they fit together within that person's world, they also reported that empathy was heightened. The resulting dialogue between "as if" listeners and case presenters was described as exhibiting sensitivities to a wide range of emotional reactions to what was said and how it was said. Walking in "someone else's shoes" accentuated affective responses (Andersen, 1987; Meador & Rogers, 1984). This finding was pervasive across a majority of the groups. Thus, the category of *Empathizing with Clients* would have been more significant to me had it been absent from the data and the experiential descriptions.

The major categories of *Growing Personally and Professionally*, *Creating a Safe Environment*, and *Generating New Ideas* were consistent with my own experience of participating in large group "as if" exercises both as a group member and a facilitator. While attending two separate conferences where Harlene Anderson (1993a, 1993b) was a

featured presenter, I was a group member assigned to a listening position during a case consultation. We followed the *Structured Format* as I have described it in the Procedures Section. I am not always eager to join in experiential activities in large group settings, but these experiences allowed me to listen and speak without the need to be correct or appear brilliant. In one of the exercises, I was listening and speaking from the position of a young child. However, I had also listened to those speaking from other family members' positions from my assigned position. After listening to everyone's reactions to the material presented, I found that I could be multi-partial (Anderson & Goolishian, 1988) or multi-loyal to many stances because they all made sense. There was no pressure to choose one as better than another. As a facilitator, I observed people struggling with trying to understand others' positions and beliefs, especially those that would oppose their own or those that they did not particularly like. The groups in this study have supported what many participants have reported about their experiences listening and speaking from "as if" positions as well as listening to those in "as if" positions.

"*Experimenting*" with the *Format* was a category that seemed to be a logical outcome of the study design. Because the groups were separated by format, it was expected that there would be comparison and contrast between a

Structured versus a *Free Choice* approach. Interestingly, the structured groups each adjusted the structure almost immediately to accommodate for their individual group styles and their interpretation of the instructions. Though they debated the "rightness" of their modifications among themselves, they still made them with accompanying rationales. Were the *Structured* groups trying to imitate, within a certain range, the *Free Choice Format* groups? It looked like they tried to shed the constraints that were imposed upon them but still appear cooperative.

The *Free Choice Format* groups reported that they were glad to have the flexibility to try new variations, guessing that an imposed structure would have stunted their creativity (M. M. Gergen, 1989b; Lather, 1986; Tesch, 1990). They took advantage of the freedom to not only try one prescribed way of using "as if" but to try it in forms that varied from team to team. Some of the participants began to settle into a preferred usage (e.g., "in my head," only in relation to a stuck case, and in live supervision), but week after week they were at liberty to try it differently in supervision. Were some members of the *Free Choice* groups trying to establish a structure? Is repetition of a preferred modality fairly represented by the label "structured?" Were both groups rebelling against their assignments?

The Applying "*As If*" to Families category seemed a logical outgrowth of the supervision process. One of the purposes of supervision is to help therapists try new and different things with clients based on suggestions from a supervisor or supervisory team of colleagues, especially if a therapist is feeling "stuck" or confused (Liddle, Breunlin, & Schwartz, 1988). The "as if" technique, as a catalyst for generating new ideas and meanings within an existing supervisory arrangement, activated therapists and clients to think differently and to converse differently. I would describe the differences as wording that was more tentative and less dogmatic, posing ideas as suggestions to stimulate thought, and giving credibility to the ideas based upon their possibilities. Another difference was in participants' admission about how much information and understanding remains unknown especially when working with family groups or subgroups. By focusing on an individual who is affected by others, they broadened their comments to include the individual's total interpersonal ecology and that included the emotional experiences of other family members who were not labeled as the "identified patient."

It appeared that part of the appeal of the "as if" technique was its practicality. Initially, it looked foreign to many of the participants. With familiarity, they were able to articulate its practicality in case presentation, case

thinking and planning, and intervention. Two major concerns I have observed and experienced in the life of a social service professional are the needs to be efficient with one's time and easy application of any new suggestions. The "as if" technique seemed to "pass the test" for efficiently interjecting novelty into clinical work without adding extra work, stress, or distraction.

The Unique Categories was interesting not because it was pertinent to all of the groups, but because it was special only to individual groups or participants. The topics were the those ideas that represented the special or divergent cases with respect to the entire group of participants.

Therapy and Supervision Isomorphism was organized as such because there was similarity expressed between the supervisory and therapeutic relationships. For example, a therapist who only sees a "snapshot" of a client's world has its counterpart for a supervisor who is only shown a "snapshot" of a supervisee's world. Blurring of hierarchical roles was evident in both settings as well. If an "as if" session was videotaped and then viewed by a naive audience, the viewers would likely not be able to identify the supervisor in a supervision session, or a therapist in a clinical session.

Adaptability and flexibility were noted as necessary characteristics for therapeutic work. Clinicians are not only in the position of facilitating flexible thinking and actions

with others, but they are also in the position of adapting and taking risks as they try new practices themselves.

The category *Comparing "As If" to Role-Play* has had the longest life of any of the categories. After the first reading of my proposal, my committee members asked for clarification on what the differences were between the "as if" process and the role-play technique. Perhaps it was the general and more pervasive familiarity with role-play that made the distinctions difficult to communicate. Perhaps it was the perceived passivity of listening or misunderstandings about active listening that blocked or clouded the differences. Perhaps it was the language and the confusion with the word "roles" that contributed to unclear distinctions. Pre-conceived assumptions or images were extremely difficult to upstage. I worked hard at carefully articulating the differences in written and oral communications with all of the participants, constantly stressing the *listening* component. By *listening* and then speaking from a specified position, an "as if" listener was in the position of offering a case presenter unique and fresh information for the presenter's consideration. "As if" listeners could offer multiple interpretations and reactions not possessed of a pre-set design. "As if" listeners and case presenters could co-create a variety of possible realities; they could generate multiple scenarios, all of which could

have merit. With most groups, I was able to clear up the distinctions between role-play and "as if," but with one group, the more I explained, the "muddier" the dilemma seemed to become.

The majority of the ideas summarized in the category *Work Setting* came from one of the teams. The primary contributor was the participant who was in two different settings, in two different roles, and in two different formats throughout the study. Most of his comments addressed the hierarchical characteristics that differentiated his experiences in the study. The "as if" process involved collaborating: all participants co-created the meanings and understandings. This process is usually associated with non-hierarchical working arrangements. However, in a hospital setting which operates in a traditional mode where the supervisor is the expert, the supervisor was successful in integrating a collaborative technique into his supervision with one other person. The type of relationship between the supervisor and supervisee was a critical factor in the success of their interaction. After experiencing success in the hospital setting, this supervisor talked about trying the technique with other supervisees in the hospital setting. While he attributed much of the differences in his experiences to the different structures in the work settings, I contend that the differences are in the interactions between the personnel in those settings and in

the expectations, assumptions, meanings, and understandings generated in those settings.

Research as Intervention makes sense if intervention is defined broadly as interaction centered in a research project which mutually influences the participants. I have previously reported the participants' descriptions of how their participation in this project was influential for them at the times of the interviews. The Report Section highlighted the particular ways that this study influenced (and continues to influence) the participants. I too was influenced. The semi-structured interview questions were drawn from my interactions with the participants. My writing was edited based on feedback from all of those with whom I conversed. The *Research as Relationship* category, in large part, stemmed from the participants. Without their comments regarding this issue, the entire category would have, in all likelihood, failed to emerge.

Something is Missing

Validation, clarification, and minor expansion of the concept really were not satisfying enough for me. Just as in therapy, validating the known is not enough for me. I am interested in looking for ways that the family and I can create and effectively capitalize on that which is "special" or "novel" in our realities. This curiosity has carried over into my research. What was special about this research

project? I believed that my participants and I were forging new territory, creating something significant in this study (at least that was my hope) that I could not identify because of speeding through my analysis and its subsequent write-up. This significant "something" seemed to be located in my inability to write, to verbalize. This stuckness seemed to develop into a pattern. During those times in therapy when clients and I are trapped in a pattern of repeating ineffective behaviors and interactions, we need to step back and question our assumptions in order to assess our situation in new ways. I took my own advice and put my clinical skills to work in my research project. I also employed a collaborative approach, the one with which I am most comfortable and successful, and enlisted the help of a trusted colleague.

As we questioned and discussed my analysis, we found that whenever I came to reporting data that I interpreted as non-supportive, indifferent, or negatively critical of the study design or content, my writing became extremely detached. The language became "hoity-toity" (according to my colleague) and had the quality of hiding or protecting something. Though I tried, I could not truly hide my anger or disappointment with the group, individual, or feedback that appeared to exhibit a lack of cooperation or effort.

How could that be useful? As a researcher, should I not be able to take feedback and report it without taking it so personally? Why was it so difficult to hear feedback as a "fiction" or information about another person's reality (Vaihinger, 1925), or feedback that was embedded within a complex reality inherent with assumptions contextually located (M. M. Gergen, 1989a; Nardone & Watzlawick, 1993) and not just an independent idea resulting from a planned and designed set of events, namely this research? (An excellent example of what I am trying to communicate appears on this very page. If I asked a sample of college graduates to read the third sentence of this paragraph, the meanings they could create from it would most likely be unrelated to my intended meaning.) Why could I not simply see all feedback as useful, as one of many perspectives, as data to organize and reevaluate my tightly held assumptions? In other words, should I not, as researcher in this study, be able to perfectly put into practice in research all the idyllic results of using the "as if" technique in supervision or therapy?

I was trying to work within the same processing framework that I had asked my participants to use, and I was having difficulty. I "got stuck" at the level of relationship. I could factor out disagreements of conceptual domains and practices, but not the nature of my relationships with those

who were, in my view, critical or indifferent. Thus, my dilemma became very distressing to me as my data collection, analysis, feedback, and write-up became a statement about the nature of my relationships with the participants. Again, this did not become apparent to me until I could not put down on paper a complete rendering of the study results. The main point of my perspective is this: Does the data I gathered speak to the issues of "as if" in family therapy supervision or does it speak to the researcher-participant relationship or some other permutations of the complicated jumble of people, roles, and ideas?

Taking Research Interpersonally

The most significant learnings and reactions came from the relational nature of conducting research. By relational, I mean that my level of investment in this research was very high; completion was pivotal to attaining my degree. I asked certain people to participate and not others based upon my assessment of their capabilities to ably assist me in successfully completing my study. I had high expectations of them. The most influential and critical category for me was the one entitled *Research as Relationship*. My relationship to the content, process, participants, and non-participants consumed my thinking and attention. It was the driving force behind decisions and their revisions both on my part and on the part of my participants. I think these must be factors in

all studies; we may be making a very large assumption when we dismiss this relationship, even when we make attempts to control for its presence and effects (Lather, 1993). It would be hard to imagine researchers who would not actively plan to maximize their success (by using an attainable sample, a clearly organized protocol, and a credible analysis of the data). Even if the relationship were only an inferred or unarticulated one between researcher and respondent, there would still be a relationship. For example, we enter into relationship with a researcher when we complete or throw away a mailed questionnaire or agree to test a new product and give our impressions.

By default, we are in relationship whenever anyone else's action, presence, or our interpretation of their relationship with us affects us to some degree (K. J. Gergen, 1991). Consider for example, relationships we have with our politicians, clergy, medical caretakers, neighbors, police officers, and others. With a twist on the famous saying: "We cannot not communicate" (Fisch, Weakland, & Segal, 1982, p. 7), we cannot not be in relationship. Agreement to participate in a research project hinges on how a person feels about the content of the project and how they feel about the researcher or the researcher's background. For instance, those who have written theses or dissertations may be more likely to be sympathetic to answering questionnaires or being

interviewed, knowing the trials and tribulations involved in conducting a study, or conversely, they may be disposed to make the process tough or tedious. A person who has only heard about the misuses of research and research funds may be cynical or non-cooperative. These may not reflect significant relationships, but they contain interrelationship issues nonetheless (Badia & Runyon, 1982). However, only a few works overtly acknowledge this assumptive characteristic of conducting research (Lather, 1993).

The *Research as Relationship* category emerged as a unique topic when organizing the data. Interestingly enough it does not appear in the field notes from the debriefing interviews. It was initiated by one of the participants in his feedback to the summary that was distributed to his group after the first debriefing interview (see Chapter IV for a full description of this feedback). Because it was the most noteworthy, interesting, and unbalancing feedback that I had received from the summary follow-up conversations, and it was so different from the information included in the literature review, I included it as a unique category. It contained an element of surprise for me. It had not appeared as an area of interest in the preparation for this study nor had it appeared in the theoretical justification for this study as did the major categorical topics. It was captivating and thought-provoking enough to merit special consideration. This participant had

put words to my own experience. (This was another example of *Research as Intervention*. Perhaps it would be better to name it *Research as Mutual Intervention*.) With full awareness that this thinking and interaction were moving to the edge of research inquiry, I became excited and motivated. The marginally acceptable or outlandish concepts are appealing and filled with possibility. They are the crest of creativity for me. This was the unexpected, the unpredictable, "the not-yet-said" (Anderson & Goolishian, 1988, p. 381), that was coming to life.

The semi-structured interview spotlighted this issue of relationship. Was I not excited about this prior to the semi-structured interview? Yes, I was excited about it from the first reading of my participant's written feedback. Did I not influence the group to focus on this issue? This kind of curious inquiry in the face of follow-up and subsequent questions is typical in therapy. Sheila McNamee (1988) states that ". . . research, itself, is an interactive process subject to the same assumptions applied to other interactive systems" (p. 50). I alone was not responsible for the exchange about relationships in this research. The context was constructed "through interaction and the interactions were constructed through unique conceptions of context" (McNamee, 1988, p. 57).

The category called *Research as Relationship* (which at that point was considered a minor and unique part of the study) and a question about participant motivation (see Appendix D) sparked discussion about this relationship to the researcher. Ironically, it was first broached by a participant with whom I was least familiar in the university setting. She had noticed her group's struggle with abandoning the format they were asked to employ. She reported that it was her belief that my study was important in some way for the other group members based on their concerns about how to participate in the study, both trying to run their group as they wished while fulfilling their perceived roles for my study. She courageously commented on this in front of her group as well as the rest of the university groups. This subject had not previously been acknowledged. This was the first time that it had been referred to and spoken about in my presence and its reception was uncertain. Then other participants admitted to their reasons for participating and continuing to participate in the project (see Category: Research as Relationship).

This topic received attention and conversational time within the individual groups though they had not mentioned it in either of the debriefing sessions. However, within the semi-structured interview, the silence was lifted when the first participant received permission from both her team

members and me to explain in depth her observations about her group struggling to be cooperative in my study, and this topical discussion became overt. The relationship issue had, to varying degrees, affected everyone. Thus, in an analytical revision, *Research as Relationship* shifted from a Unique Category to a Major Category (Tesch, 1990).

Questions that have implications for further research come to mind. What allowed a seemingly small and insignificant category to blossom into the most unpredictable and prominently featured part of this work? Was it the content? Was it researcher bias? Was it the semi-structured interview format? Was it the reflexivity in the study design? Was it a combination of all of those conditions? Was it something else?

The "as if" notion is common-sensical. Its richness and value is in its simplicity and daily life-like quality. "As if" thinking can be readily applied to a variety of daily life situations (e.g., parenting, driving, attending meetings, taking a class). It is not just a professional concept and crosses daily interactions--so too with the notion of *research as relationship*. It makes sense. Sheila McNamee (in press) talks about research as "relationally situated activity," meaning that it is what people do together. If we are in relationship with others (including researching endeavors), then chances are good that we will be prone to experience the

emotional connectedness in that context as well. It makes good sense that as we interact with others in learning about their experiences and hearing their descriptions of their thoughts and reactions, we could have a sense of the joys, pains, anxieties, and disappointments as we listen, converse, and reflect. Could it be that this is one of those "so taken-for-granted that it could not be seen" (Reinharz, 1985, p. 162) aspects of inquiry? Is it part of another set of assumptions that is hidden, yet in operation and not recognized, given credit, or acknowledged?

The content of my study was interesting to me. It evolved from a collection of ideas that all centered on therapeutic listening. I found myself using "as if" repeatedly in the decision-making steps I encountered throughout the study. For example, I would position myself as my major professor and committee members and critique my ideas from those inferred perspectives, given their influential relationships with me. An illustration of their influence is that I always wanted my work to reflect what a good job they as professors of research methodology had done to prepare me for this stage of my graduate career. I did not want to disappoint them. I also tried reading my writing as a naive reader, asking questions that I thought a novice might have for me. Different participants' positions entered into my own "as if" application as I assigned protocol formats.

The content was also connected to a body of ideas with which I align. Plus, the originator of the ideas is an important figure in the field, one whose thoughts and opinions I value. While I like the ideas espoused by these influential figures in the field, my relationships with them is a more significant link. Harlene Anderson, Ken and Mary Gergen, and Sheila McNamee have taken a personal and genuine interest in my work. They have been encouraging and have taken time from their busy schedules to brainstorm and listen to my ideas. It is those relationships that foster the courage and confidence necessary to continue taking professional risks. I seem to always refer back to *whom* rather than *what* or *where* or *when* in reference to this research.

I wanted the participants to have a good, useful, and constructive experience, though that could be defined individually. I worked hard to promote research as necessary and useful, and not an unwarranted intrusion into their lives. I wanted to feel good about my work and the product, but I was in a position of being dependent upon others for that to occur. I did not mind being challenged by the participants' comments, but I also wanted affirmation from them at each step. Every aspect of this work was approached and taken personally. I attempted detachment, but it did not happen. Writing from the third person was an exercise in "as if" for me, dialoguing with my reader "as if" I were in a removed

position. I "as ifted" continually in my deliberations (as did my auditors and readers) carrying out a dialogue with the various parts of myself within different realities (K. J. Gergen, 1991). I would take different positions and react to the data, to my questions in the debriefing interviews, to my auditor's comments, and to committee members' possible criticisms. I asked my auditors and readers to do the same. Actually, we began to talk from multiple "as if" positions quite automatically and naturally. While my thoughts were reshaped, the experience was still relational. My therapy is relational, my supervision is relational, and my theorizing is relational. Why should it be surprising that my research was also relational? And why should that be so difficult to admit publicly, in front of professional colleagues? Should I even be writing this? Should it be so surprising? Is this a rite of passage that nobody ever tells you about--though it exists as something about which professionals do not speak.

What was beneficial? One benefit was that I was able to put these ideas into practice ("walk the talk"). The talk about my study content and design was easy, but putting these ideas into motion in this study was very challenging. Justifying my decisions to make adjustments to accepted research design and practices to an audience who were far more familiar with and loyal to the conventional rules of research design was tough. Seeing the participants get something out

of the time they invested in me and my ideas was important and always on my mind. Studying some feminist ideas supported my idea to more prominently display some marginalized voices or disguised voices (hooks, 1990). That happened both in content and in process (methodological procedures). It reinforced my own belief in the benefits of "as if" thinking and practice. Many around me now use the phrase; it has even spread to my children's friends. For example, the children have practiced talking from a variety of perspectives with each other before approaching their parents about school and academic matters. I have observed them asking for permission, tentatively laying out arguments they have considered as possible.

It has worked its way into my therapy and supervision, my research decisions, and job decisions. Like my participants, the effects or influences of "as if" thinking are woven into my work and behavior both directly and indirectly. I actively seek out or generate questions and interpretations with others in order to widen my range of options. Outside readers of this document were asked to comment from positions ranging from clinicians to journal editors to a "devil's advocate."

Another advantage to working so intimately with "as if" thinking is that I have been able to make finer distinctions between role-play and "as if" than I previously had recognized. I had used the eavesdropping metaphor in the hope of shifting participant thinking away from enactment ideas to

listening positions. Listening to what a presenter was saying about one's "character" was emphasized in order to give back to the presenter fresh ideas to consider in relation to clients. "As if" listeners were responsible for giving a presenter information about the presenter's impact upon the listener.

The themes that developed in this study were not experienced solely by the supervision groups. I have experience in each of those categories as well. So now do my auditors, readers, clients, colleagues and family. The "as if" technique was a highly contagious set of ideas.

Implications

What was challenging? The comparison groups yielded some interesting information, despite my initial reluctance to include them. What I thought was just a mechanism to insure scientific rigor turned out to illustrate some ideas that may not have surfaced otherwise. I would like to experiment further with research designs/methodologies that mirror "collaborative therapy" more closely. When can we let participants choose the topic, methods, analysis, and reporting? Also challenging was tempering my tension with the group that seemed to deviate from my design for them (from my point of view) even though I know and understand how they have framed it as giving me a different perspective loaded with useful data about a technique. The dilemma was that I could

not tell what they were saying about the nature of our relationship, and I did not want to openly ask about it, concerned that they might reveal hurtful things. How do I counteract the temptation to turn "as if" into a thing that gets reified or myself into a proselytizer for the "as if" technique (S. McNamee, personal communication, November 10, 1993)?

What was not helpful? Not being encouraged for unusual notions just because they were out of the ordinary, or being helped to capitalize on the creative pieces of these ideas without feeling criticized was distressing. Retaining anger at anything that I interpreted as a lack of cooperation or effort was non-productive. It was not advantageous to retain old assumptions and perspectives only to maintain a self-righteous stance.

What are some implications for future considerations in the area of relationships in research? I don't hold the market on research dilemmas. Interpersonal relationships are significant factors that need acknowledging. Students need guidance, freedom, and professional encouragement to try some innovative things.

Perhaps the "interference" created by being in relationship with others is justification for minimizing or criticizing the value of qualitative or interpretive work. Perhaps it could be said that by asking people whom I thought

could give me a "good performance," who would be highly motivated, I jinxed or contaminated my study beyond any believability or validity. I contend that any researcher wants, or at least is hoping for and creating space for, cooperation from those being researched. It is done in a host of ways--paying participants, giving professional opportunities and/or personal benefits; they are being compensated not only for their time or ideas, but also for their cooperation. Mary Gergen (1989b) asked her tennis acquaintances to be in a study regarding attitudes and understandings about menopause. Was familiarity purposeful, convenient, advantageous, or contaminating--or was it all of them?

Perhaps the nature of relationships should become an important factor in the deliberate planning of research. I am not necessarily referring to the warmth, closeness, distance, time known, friendliness, or goodness of the relationships, though those could all be concomitant factors. Rather, the degree of impact, or even better, the generative nature of the relationship, could become a criteria for creative research. Generative relationships are those that "generate" or provide interesting, unique, divergent, and unsettling data. People who participate in generative relationships may not have an intimate (in the warm sense) bond but an intimate connection based on the reality of interaction within a research study.

The connection runs deep, and the influence is monumental, but it may not be that way in other settings. Kathy Weingarten (1992) talks about intimate moments in therapy in a non-traditional vein. She refers to these short bits of time as connections when a member of the interaction feels a sense of intimacy where the participants define intimacy in unique ways.

One of my interests lies in the possibility that our research could resemble our therapy and vice versa. This may be the link that I want to create. Therapy is about relationship (Andersen, 1987; Hoffman, 1992; Penn, 1985), not just the problematic aspects of relationships discussed in sessions, but the relationship between the therapist and the client. Successful therapy is embedded within a mutual relationship that is continuously formed and reformed by the participants as they converse. It seems logical to assert that successful research is embedded within a mutual relationship that is created by the participants as they interact. This notion of research as relationship is not troublesome at all if one accepts the belief that we create our realities as we interact and generate experiences in relation to other people (K. J. Gergen, 1991; McNamee, 1988, 1994).

Story: The Clinician

To each person I told a different story. Yet each version was true, I was certain of it, at least the moment that I told it.

--Amy Tan, The Joy Luck Club

I am a clinician and a therapy supervisor in a social service agency in a medium-sized metropolitan area in the midwest. I have been practicing for ten years. The agency offers a wide range of services; the personnel are mixed in terms of their backgrounds and training orientations. The clientele is varied, coming from all economic and social strata. Fees are assessed according to a sliding scale. No one is turned away because they are unable to pay.

I attend conferences and workshops on a regular basis. I belong to several professional organizations. The agency is dedicated to training new professionals; we work closely with university and training sites to provide full-time paid internships for two trainees per year.

The majority of my time is spent practicing therapy. Approximately 35% of my assignment is supervision. I use the conferences as time to re-energize; I present as well as attend. Workshops that I have developed are primarily aimed at practice issues such as the effectiveness of specific therapeutic programs and training new clinicians.

Effectiveness is multi-faceted, and we try to consider what is effective for the agency, the practitioner, and the client.

I was asked to review this research project by one of my university friends. As a favor to him, I agreed to read it and give my opinions. He asked me because we are friends and because of my supervisory position at the agency. I must admit that reading about therapy is not one of my routine activities. I neither care for examining statistics nor am I particularly interested in reading about research methodologies. If an article is brought to my attention, I am most likely to read the introduction and the discussion. In my experience, many journal articles and studies too heavily accent theoretical material, and while that may be professionally astute, immediate application is more valuable to me. Therefore, written materials that demonstrate practicality hold appeal. In the everyday world of work, time is at a premium, and updating one's skills must be accomplished in efficient ways. It is easy to become "lost in one's job"; trying to meet demands on many fronts is exhausting. There is little time for critical review and discussion of ideas on the level of ideas. In addition, there is no compensation or advancement in an agency for expanding one's theoretical background. Therefore, keeping abreast of "cutting edge ideas" is a fine idea in theory, but practically speaking, motivation and time are prohibitive.

Having made my opinions known about the research-theory-practice connection, my comments on this work follow.

Overall, it was a readable piece of research. The jargon was limited, and the ideas were quite sensible. My criteria for immediate applicability was met in the "as if" technique. Actually, it holds potential for supervision and therapy and could be a useful tool in working with selected individuals and groups. I would not recommend it for general use because there are colleagues and supervisees who are averse to experiential techniques or techniques that downplay their knowledge. I like it because it is not too far from the way I already approach therapy and supervision. I do not formally employ this technique as it was outlined in the study, but often use "as if thinking" informally in case discussion as supervisees and I "put ourselves in the client's shoes."

My general reactions to the overall product were more positive than I anticipated. While it is somewhat artificial, I will separate my comments about content from those regarding the writing. The "as if" technique, as the author repeatedly writes, is rather "common-sensical." I take that to mean that it is not solely a technique devised for therapy. The kinds of things we say in therapy or supervision must be generalizable into daily life for our clients and supervisees to maximize their utility. They must have meaning and referents inside and outside the therapy or supervision room.

We cannot totally understand another person; often, all we have are our best guesses. I am often surprised when I find out what a client or supervisee meant by a phrase or parts of our conversations, especially when I thought I had it neatly figured out. What I like about the "as if" technique after an initial reading is that it can help prevent such dogmatic thinking in practice. It can remind people who are too sure of what they know that other views are equally plausible.

It seems to me that introducing this technique would require much care and attention. From the participants' descriptions, using the technique did not take extra time or place added demands on overloaded workers. It seemed like the greatest amount of time was spent in preparing and reassuring the participants to keep them on track. For my own use, I think that preparation would be critical. I feel like I too would have to do a "sales job" to motivate co-workers to engage in a new and unstructured experience. Assuring psychological safety in unknown territory would be a prerequisite.

The idea of not having to defend one's ideas is most appealing to me. This technique offers a framework for teaching and reinforcing the idea that clients and therapists work best when they are in a win-win situation. Defending one's ideas as superior leads to a competition of sorts, and in a contest, someone loses.

This reading has prompted me to think about myself as an "as if" participant. How would it change my therapy? How would it affect my style of supervision? I doubt that I would use this approach as a routine matter of course, but if my usual methods were unsuccessful, I would be willing to suggest it as an option with a supervisee or client. In either setting, it would be outside of the normal pattern, but we could try it "experimentally." We could evaluate it and comment on it together, much like the participants did in the study protocol. The experience seems like it would put us on "equal footing" in that no one would know any more than anyone else due to the fictitious nature of the exercise. This could be fun and unnerving. The participants' reactions indicated that it was a positive and safe experience.

Let me move onto the written presentation of this research. As I have said, the writing style was readable for the most part. The technical wording was minimized and that which was used was defined clearly. The chapter with the theoretical justifications was the most difficult to read, and I tended toward skimming rather than intensive reading. As in journal articles, that section is "sleepy," often lacking direct applicability for the notions studied. I found the methodology chapter easier reading than most though it was still slow. The tables and figures were helpful. The steps were outlined clearly, and the freedom that the researcher

took with an established analytical plan was amazing. She did not go strictly "by the book." That is accepted practice in clinical work, but I did not think that was acceptable in research. I saw her trying to make researching therapy more like therapy itself.

There was something about the consistent referring back to her participants for feedback about their experience that may be useful in evaluating and demonstrating effectiveness in an agency setting. Her data were the descriptions of the participants' experiences, not information obtained from rating scales or checklists. A select group of practitioners at this agency asks clients what I would call "consumer" kinds of questions, but they are rather informally asked and they mainly focused upon client or supervisee satisfaction or follow-up progress. The researcher's cross-checks were formal in that they were planned, and the feedback was data that were analyzed and integral to the outcomes. She used participant feedback to correct or adjust her writing and reporting. Maybe we could apply this idea in our agency when it comes to conducting therapy.

The Report was quite clear. The researcher's organizational scheme was sensible and actually interesting to read. However, what impressed me was the Epilogue Chapter. Her illustration of "as if" thinking in her written interpretation (referring to the second section of Epilogue)

was captivating. She put into practice what she was studying; it was easy to read and understand. Needless to say, practicing what she was preaching met with my approval.

Being a therapist interested in people's life stories, I found the researcher's personal account fascinating. As she talked about her research project and the mixture of relationships and how they factored into the planning, implementing, analyzing, and writing, I continuously made comparisons to my own therapy and supervision. The issue of relationships and their influence upon the interactions between the participants in therapy and supervision is fundamental in our professional work, yet we allude to them slightly or try to dismiss them in an effort to be objective. Another striking idea was the comparison between her field notes and a therapist's case notes. I have never thought of my case notes, which are also a brief synopsis of what was reported in therapy, as potential data for research. They were simply documentation in the case of a legal dilemma, or a memory device, or as material for illustrations included in a workshop presentation. Perhaps someone could run a Tesch (1990) analysis on his/her case notes to develop the case report. Maybe that is what therapists already do.

If the journal articles contained more (and shorter) personal and practical accounts of therapy suggestions and experiences written in a personal way, I would become an avid

reader. For those of us "in the trenches" on a daily basis, ideas that are readily applicable and useful are most welcomed. The "as if" technique is one of those ideas that can be applied as needed without involved training.

Story: The Graduate Student

In the beginner's mind there are many possibilities. In the expert's mind there are few.

--Shunryu Suzuki, *Zen Mind, Beginner's Mind*

The Assignment

I am currently enrolled in a course being offered by the Education Department entitled *Introductory Qualitative Research Methods*. I am majoring in Family Studies, and I have completed about one-third of my coursework toward my Master's Degree. I currently work as an elementary school nurse and take classes on a part-time basis. The choice to pursue a degree in Family Studies came from a desire to better understand families. While I work with students, I also work with their families, and that work is not limited to medical emergencies. Children are often in the nurse's office because they want to talk or have someone pay attention to them, not necessarily because they are ill. When children have problems, I try to work with the parents and siblings to get the kind of help they most need. Studying about families, I hope, will help me be more effective with the children.

The final assignment for this class was to secure a journal article, dissertation, or thesis that was an example of a study conducted using qualitative research methods. We were assigned to critique the study and to list any questions or comments that came to mind during our reading. These reactions and questions were the foundation for our presentation to the class. The following is the written version of my class presentation.

To help us in our selections we were given a list of suggestions. I chose as my study to review an unpublished dissertation, *Multiple Formats in the Collaborative Application of the "As If" Technique in the Process of Family Therapy Supervision*. The length and vocabulary seemed reasonable as compared to many others. The topic was foreign to me but our concentration was primarily on the methods and procedures sections and that chapter contained information in chart form that was readable.

Reactions

Overall, I would compare the reading of this study to reading an unfolding "story," much like reading a fictional work. While it presented a technique that was used in therapy supervision, it was not written in a technical fashion. This made the length seem less formidable. Even though it was more story-like than medical studies, for example, it still had an organization and a rigor to it that indicated that this study

was carefully designed and conducted. In fact, some of the steps that were taken to assure trustworthiness led to feedback that became additional data that were further analyzed. The researcher's inclusion of herself in the end was interesting and believable. This is a very different way of conducting research than what I expected; I did not realize that it was legitimate to be self-revealing in research. I thought it was necessary for researchers to be objective.

The topic of the study was not that frightening. Having no psychotherapy background, I was not sure what I would get out of it, but the "as if" technique seemed to be a relatively common-sensical notion. Chapter II, which contained the theoretical justification for incorporating a pretend technique, was the most difficult chapter to read but not impossible to understand. I am proud that I could read this and not feel totally lost.

It is easy to see why participants would confuse the "as if" technique with role-play, but the author was clear about the distinctions. She kept saying the difference was in *listening*. I think it would be hard at first, but it seems very sensible that therapists should learn to be in their client's shoes so they can understand them better.

The theoretical material was difficult because I was unfamiliar with it. However, the feminist ideas the researcher presented were interesting. The researcher was

particularly taken with ideas about assumptions and the part they play in the research process, therapy, and therapy supervision. Like the development of a storyline in a movie or novel, she introduced her own assumptions, justified their inclusion in a research study, and asked participants for their impressions and operating assumptions in her final analysis and discussion. The process was similar in the development and application of "as if" thinking. She did not just talk about these ideas; she used them in her study by showing how they influenced her decision-making and how her own material could be viewed so differently from different vantage points. "As if" thinking and application were the content and an integral part of the process. I have never seen that before. It was more like a tightly-packed story where all the individual parts were seemingly independent of one another. Yet as the story progressed and concluded, the parts were tied to one another and fit together in an interesting configuration or "ending."

Another interesting point was her modification of an established analysis system to meet her own needs. Apparently, even the author of the analysis scheme constructed the progression of steps so as to be adaptable. It appeared that the researcher was trying to combine steps because that was a natural part of the way she works in her profession. Main ideas and the thinking about those main ideas rather than

a verbatim review are the materials she uses in therapy. Modifying the data collection by substituting field notes that consisted of main ideas from the debriefing interviews for the verbatim conversation was also used in this research.

The construction of the categories was the analysis. I wondered how many times it was necessary to go through this "filtering" process to get to these categories. It looked quite involved though I am not exactly sure that I have a grasp on what the difference is between categories and topics. While the data collection stage speaks loudly to the researcher as "instrument," the analysis stage seems more like a public broadcast of this research factor. Category make-up is a very idiosyncratic process, at least it seems like that to me. Although outside "voices," as she calls them, were included, it was the researcher who organized the data into a readable structure. She was the one who sorted the data bits and named the categories. It seemed to me that qualitative research, in the sense of this study, is a "one of a kind" type of inquiry.

This concludes my general comments and reactions to the reading of this research. The assignment left me with more questions than I anticipated about qualitative research design in general and some specific questions about this study. I have attempted some possible answers based upon our limited readings and my understanding of this process.

Questions

If this project was such a personal endeavor, it would make sense for the entire writing to be in first person. The mix of first person and third person seemed odd. I understand that writing from the third person has been the tradition in research, but if there are modifications in other areas such as the analysis and design due to the "emergent" nature (Lincoln & Guba, 1985) of this kind of research, then would it not make sense to be adaptable in the writing styles and formats as well (Uhlberg, 1994)? Is it that one writing style is just traditional or is it that one style is better than another? We have also talked in class about the philosophical underpinnings of a naturalistic inquiry, so I also keep in mind that objectivity is not assumed to be a guiding principle. If something is personal and relational as this study was described, the impersonal writing leaves me with a sense of inconsistency. It would be like asking me to write my reactions about this study without using the pronoun "I" to communicate my own ideas.

Are comparison groups usual fare in qualitative research? This also seemed like an odd mix. Maybe this researcher is having trouble making a transition or a clear choice. I also wonder about the need (or lack thereof) of choosing a methodology in a pure form. Does a researcher need to ascribe to just one method and its accompanying elements? Can the

elements typically assigned to qualitative designs be used in quantitative designs and vice versa (Howe, 1992)?

Why is it so important to have the participants involved on so many different levels? Does it contaminate a study or make it rather confusing to have those who are studied critique the work that is produced about them? Having participants so heavily involved in the review of this work gave the researcher new information. Is it "legal" to have participants choose the way they will implement a strategy? I have read only a very little about action research and emancipatory research. As I understand it, this is research that is about making social changes, not just studying phenomena for their own sake or explanation but to instill changes in patterns of behavior for people (Tesch, 1990). Some researchers (Lather, 1986) believe that in order for that to occur, those who are most affected by the changes need to be the ones involved in the study of how best to put those changes into practice. They need to be involved in what is to be studied and how it is to be studied and reported.

If the relationships clouded the data, then should samples be more carefully evaluated and screened for better research? Maybe researchers should be required to study strangers, but, over time, the involvement with others would remove them from the stranger category. Maybe it would be better to conduct studies in teams where different opinions

and relationships existed. The researcher makes a good point when she argues that it is impossible to not be in a relationship when included in a research study. If relationships are inherent in studies, then it makes sense to factor them in from the beginning. Naturally, the relationships will alter over time.

The semi-structured interview format was an interesting way to group participants and get a combined kind of feedback that was substantively different. Why and how were the semi-structured interviews different from the debriefing interviews? The researcher seemed to use this method of data collection as one of her checks for trustworthiness. The group was more structured and had one-half of her sample together at one time. We studied characteristics of focus groups such as synergism (Stewart & Shamdasani, 1990), and from the description in the study, new data were collected from this interaction among the participants. Actually, it served two purposes--data collection and trustworthiness.

The term "participants" seemed funny. At times, it suggested all of the people involved in the study, including the researchers, the auditors, the observer, and the readers. At other times, it meant only the supervisory teams. It seemed so personal and intense. I like this personal side of research. It makes it believable and do-able.

How does a researcher make decisions about how many times to run the protocol or how much time to leave in between interviews? I wondered how these choices were made. The "small" decisions of this research were explained. Does each researcher trace for the reader his/her decision trees?

Is this study typical, or is it exceptional? Is it an example of good work? Who judges good research? Is it more than a politically derived system dictated by the dominant culture? How widely accepted are Guba and Lincoln's (1990) suggestions that stakeholders, those who have a vested interest in or will be affected by the research, should evaluate the research?

Is qualitative research replicable either by a different person or by the same person? Perhaps it would be better to run qualitative studies multiple times and have different results. Different results would be in accordance with the basic assumptions that each context is different and unique.

Is this research (topic and process) applicable to any other field, like nursing or education, or is it specific to therapy supervision? It seems to me that these ideas could easily be applied in other areas such as educational settings and medical settings. These ideas seem to possess an interdisciplinary quality with implications beyond therapy and supervision.

As I reflect upon the reading of this research work and the comments and questions that it evoked for me, I find that I, too, am questioning my own assumptions about what valuable research is and how it is conducted. One of the benefits of this exercise is practice in the critical reading of research. I can no longer be a passive consumer of research products. I will continue to question the ideas that emerge from my reading.

Story: Closing

My best shopping expeditions are not evaluated on the number of purchases or the size of the packages I am carrying. Great shopping ends in the hat department, trying on all kinds of hats for different purposes. I have tried on many hats over the years--from the feathery to the conservative to the sporty to those that resembled workers' hard hats. In this chapter, I have tried writing in different ways, similar to trying on different hats, checking for fit and coordination.

Curiously, I am thinking back to the proposal stage of this project when my committee asked me to articulate the difference between "as if" and role-play for them. Without a significant difference, the project would have been a repetition of role-play and simulation technique studies. This study could have value if it could offer something qualitatively different from the works on role-play.

I am at a similar juncture--only at the end of the project. During several recent conversations with colleagues, I had the impression that relationship issues are "old hat." They have been around and acknowledged in the field for a long time. I agree; they are one of the guiding principles in family therapy and so for therapists this is not news. Many theoreticians across disciplines have donned the relational "hat" maintaining that all we do, therapy, walking, reading, and research is relational or always in relation to another human being. They work hard to give us a language with which to talk about our interactions in relational terms. Again, I do not dispute this, I embrace these ideas and, like *The Clinician*, seek to put them into practice.

The difference between this study and its examination of the issues of relationship and the theoretical and therapy work is that the context is research. The issue of *Research as Relationship* emerged from the data. The data were the source. The data developed from what we did together and the ways in which we talked about what we did together. The relationship issues were not just theoretical discourse or a reinterpretation of other people's research. They were discussed among the participants (myself included) and rooted in our experiences. Thus, process and content became blended much like in therapy.

Theoretical ideas were given a different look when they were taken off the rack and put on live models. This has implications for further research in the area of therapy. Grounded in the data, *Research as Relationship* adds to theoretical domains of how research could be conducted to incorporate the relational nature of therapeutic work. Maybe the clinician has something when he/she says that case notes are data. It may be that clinicians are natural researchers; every time they write a report, they are creating a research product.

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APPENDIX A

TRAINING DOCUMENT

To : The Generous Participants in My Study

From: Sally St. George

Re: "As If" Background/Information

I understand that you are quite curious about the "as if" technique that will be spotlighted in this dissertation inquiry and what you will be asked to do as a participant. The following information is provided as an introduction and warm-up for when we meet to officially begin our work together. Happy reading!

The "as if" technique is one that was begun by Harlene Anderson of the Houston-Galveston Institute. Harlene is an internationally-renowned presenter and trainer in the field of family therapy, as well as one of the originators of the Collaborative Language Systems approach to therapy. Since she is often called upon to be a therapy consultant, she devised a technique that would allow her to help large numbers of practitioners and that still was consistent with her collaborative style of therapy and supervision. Many of her audiences consist of practitioners from a variety of theoretical and practice orientations, so she formulated an experiential method of listening to and talking about clinical cases that could become an effective means of communication while simultaneously respecting, appreciating, and accommodating the different styles and conceptual schemes.

Premises of Collaborative Language Systems

Collaborative Language Systems is characterized by several key premises and these premises are inherent in the "as if" technique as well. One of these core ideas is that the therapist or supervisor is part of the client or supervisory system which is not hierarchical. Instead, each member of the system is an "expert" on himself or herself, and the therapist possesses additional expertise in the therapeutic milieu. By removing oneself from the expert role, the therapist operates from a position of "not knowing," that is, without preconceptions or prior understandings about clients or the problems

and dilemmas they bring to therapy. From such a vantage point, the therapist is freed to learn the particular meanings that clients attribute to their particular situations. Thus, a collaborative systems therapist is comfortable with the notion of multiple realities. The primary medium of clinical work is conversation. Conversation, and the facilitation of conversation to learn clients' meanings and interpretations, is interventive, and specially designed pre-planning is not utilized.

The "As If" Technique in Action

Very simply, the "as if" technique involves listening and responding to a clinical case presentation from a specific position that is different from one's own position. For example, rather than listening to a case as you normally would, you may be asked to listen to the case discussion "as if" you were the father being talked about by the therapist seeking consultation. You would try to imagine how a father might feel, think, respond, etc. as he hears outsiders (therapists, supervisors, consultants) discuss him, his family, and their therapy. After listening to the information and how it was presented, you, as the father, would have the opportunity to tell those same outsiders how their conversation has affected you. In this way, you would be giving those involved with the case a perspective that had not been previously considered. This new perspective speaks to a different reality, a unique interpretation, and can lead to fresh thinking for the therapist. The fact that the whole exercise is hypothetical need not lessen its value. This is the way that I have observed Harlene orchestrate the "as if" technique in large group case consultation formats.

The "As If" Technique in This Study

In my study, there will be two applications of the "as if" technique. Three of the supervisory teams will spend the six weeks instituting a structured version of the "as if" technique into your regular supervision. The *Structured Format* involves the following steps. At each supervision session, at least one case will be discussed by the team. One of the supervisees will become the case presenter and will begin by introducing the key players, or most important participants in the therapy case. This case presenter will assign each group member the task of listening to his/her presentation from one key player's position. The supervisee will then present the case according to the following framework while the "as if" listeners hold all comments and questions, and strictly listen from the assigned positions:

1. Why are you presenting this particular case, and why at this particular time?
2. In what way can the group be helpful? What is your hope/expectation? Do you have a specific question or agenda that you want the group to address?
3. What do you think that the group needs to know about the case?

When the supervisee has finished supplying all the pertinent data, those who have been listening will become the speakers and the supervisee will assume the listening position. The "as if" listeners are then free to offer their reflections and reactions from their respective positions. When these team members have had their full opportunity to share their thoughts, the presenter (supervisee) can again enter the conversation with his/her reflections. These can include, but are not limited to, the ideas or comments that were most intriguing or inviting, or those that fostered misunderstanding, blaming, or conversation cut-off. If needed or desired, a general discussion or evaluation can ensue.

The other three supervisory teams will work within a *Free Choice Format*. In that version of incorporating "as if" into your supervision, you are asked to develop unique "as if" formats. You are encouraged to implement "as if" in the way or ways that seem to make the greatest sense to you given your understandings, that will meet your needs as a group and as individuals without disruption, and that will fit into your established organization. You are free to repeat the structure that you devise as often as you like, or you may try a variety of "home-made recipes." Please work collaboratively, that is, jointly with the entire group, and be as creative as you dare.

In three weeks, I will be back to interview you regarding your supervisory experience with the "as if" technique. A few days after the interview, I will send you a copy of my written account of the information that you have provided. A few days after that, I will call you and ask you for your feedback to that piece of writing. Any comments you have at that time will be considered additional data. We will repeat this process again at the end of the second three weeks. The final step will be a focus [semi-structured] group interview. This will occur after you have had time to read over my analysis of the complete set of data. This will be akin to a large group interview and you will get to hear and respond to other supervisory teams' experiences. This will be the final information collection.

Thank you for participating in my study.

APPENDIX B

SAMPLE SET OF FIELD NOTES

Researcher's field notes--March 16, 1994

(S denotes researcher)

C: Feel reaction of other rather than looking at it [emotion versus observation]

E: Same as C

Felt frustrations, dilemmas, confusions, decisions

Gave new point-of-view on achieving resolution--taking new and more things into consideration

D: "In someone else's shoes, see things differently."
Otherwise only simplistic notions of what others. . .

Better understand plight of others

Translates to different behaviors--different appreciation of things

We're egocentric--filtered through out unique view which is limiting

E: Tried it with client--put self in own client's position--helped with coping [demonstrated it in debriefing]

C: Helped me most with clients--put self in client's place

Feelings evoked from questions asked by D

With E considered feelings of client as E was the client

D: Example with T

Switched places with client, client acted as if he was his therapist and his therapist was the client

Client got words for his feelings and learned to think like his therapist

Promoted some positive interaction--he could generate more possibilities from therapist spot

Gave client permission to think things not in ways he usually would

D: Example with S

Spoke from client's position, focused on emotional side, and shared with supervisee

Easier way to give feedback--forget the analysis and move to emotional levels--no brain-busters

Human perspective--not expert

E: "Put me in touch with myself"

"Tool to get into empathy"

Even helps to understand supervisor

D: Initially, sometimes hard to get into it

E: Can be time consuming

C: Not real but openness

D: More realistic in exercise than being with client

C: Empathize

Options

D: "As if" is another snapshot of a client's world

C: Use it for specific reasons--to meet certain goals for myself

T: Validated that I was in tune with client

Helped me to help my client think of things differently

D: More activity level--talk about cases differently

Added variety, fun, spice to listening to cases

T: Expedite stuckness

Can eject confidence in supervisee

D: Not advicey--supervisor not giving direct advice

Blurs roles of supervisor and supervisee

T: Drawback--could be used strategically to talk to supervisees in ways that would be problematic if roles not clearly defined

Value--in tune with feelings

Bring covert to overt--freedom to point it out because not offensive, not accusatory, more tentative

D: "I'm not crazy for thinking this"

Allows for disagreement, therefore may look at it easier and promote discussion

Observer's field notes--March 16, 1994

S: What's it been like?

How do you use it?

Any drawbacks?

Technique vs. posture?

Did you process debrief the "as if" experience

[Fishing for drawbacks, "false assumptions," bringing in other group information]

[Very serious group]

D: When in others' shoes, you see differently

Leads to new action/behaviors as supervisor

Good deliberate move away from egocentrism

"As if" reminds us to take other's perspective

"Danger"--wonder about honesty of clients

"As if" more "realistic" than with client

Trying to get at what client "really" thinks. Not necessarily the case--not dangerous

Tough to get into it--not our regular thing

C: Feel perspectives of others

Greater empathy

I've used with clients

Take questions asked of me in supervision to the therapy

[Case descriptions]

No drawbacks--rather gives options to try

"Danger" of false assumptions is too strong

Difficult to get into because not familiar

Favors technique

E: Greater empathy as well

Gave me new and different point-of-view [little long conversation killer]

Made me think of my competency

[Case description]

Put me in touch with myself and others

Gives me more options

Rather a helpful tool

False assumptions non-issue

Possible drawback--time consuming

D: On supervisee

Supervisee switched roles with client

It was difficult for client to be in role of therapist

Supervisee good at demonstrating empathy with client--gave client words for his feelings

Generate possibilities for client who was taking therapist role

"I'll be [therapist] now"--leads to positive options

D: On another supervisee

Encouraged to generally take others' perspectives

Opens up new understandings

[Group lightens up]

T: Worked well [Case presentation that D discussed earlier]

Helped me to communicate by being "in tune" with him

Client realized therapist's tendency for positive feedback

Resource building for client--expanded options

As if I were a supervisor--was a way for me to think of more options

Provide balance to case--pragmatic focus of therapy

"As if" roles need to be clearly defined

Good method of making covert, overt

D2 Gave us something to play with in supervision

Shakes up the supervisor/supervisee roles--that's good

This is the first debriefing conversation for us

Allows client to disagree with "as if" ideas and suggestions more readily--disagreement may promote discussion

APPENDIX C

PRELIMINARY ANALYSIS NARRATIVE

Date: April 16, 1994

To: All the Wonderful Participants in the "As If" Study

From: Sally

Re: Preliminary Analysis Narrative

I have completed a preliminary analysis of my data using a coding and organizing scheme devised by Renata Tesch. It involves coding the data in several ways by several people. Each time the data is coded it is organized into a list, first of topics, then of clusters, then of categories, and then many stages of refinement. This filtering process has resulted in the following narrative which is a description of my way of organizing the data you so generously provided. I would appreciate it if you would read this document and share your comments about it with the other participants in the "focus group" next week. It would be most beneficial if you will check this over for accuracy. Please pay particular attention to category titles and their fit with your perceptions. Does the material in each category seem related and connected from your reading? Actually, the more challenging your questions and comments are, the more helpful your input will be. It will be my last chance to collect any more data for my study.

Category: "Experimenting" with the Format

The major categories that emerged from this study were assembled by the large number of comments that seemed to relate to the same topic and were pertinent to all of the groups. Dominating discussion in both rounds of debriefing interviews was the question of format for implementing the "as if" technique. Overall, the addition of this technique into supervisory groups that were already in motion provided a change. Some comments included that it provided a twist on the team process, it was different but not too different, not that foreign, not too far from routine or initial staffing talk, it gave a guide to focus on rather than a random presentation, an agenda, "a change of rhythm," it "juggled" a routine, became richer as time went on, and became more intrusive as time went on.

All three of the groups that were asked to follow a specific set of steps reformulated the steps in diversified ways. In general, it appeared that the structure seemed too constricting or not clear enough. These groups made some changes in the structure because it seemed not structured enough, uncomfortable given the respective roles of supervisor and supervisee, stifled conversation, seemed too contrived, didn't want to lose possibilities by waiting to give feedback, or wanted to take more time to be in different listening positions.

The *Free Choice Format* groups were in the unique position of deciding how they would fashion "as if" in their supervision contexts. One group used it in live supervision by having observing team members each take a client position during the session. They soon extended it to taking more than one position during a session. When the training therapist returned to the observation room for the break and consultation, the members talked to him/her from their chosen positions. They combined "as if" with reflecting team notions. Members within another group tried it originally with the entire group during case consultation similar to the *Structured Format*. They soon evolved to a more individual approach by "using it in my head," employing "as if" as a mental rehearsal for upcoming and potentially sticky scenarios. They also had a member who used it with an individual client by having his client and himself assume each other's positions and talk from those postures. Admittedly, for each of these groups, getting used to "as if" thinking required concentration and effort to get into it.

Category: Empathizing with Clients

One of the most profound responses from the participants was strong empathy for their clients. Affective levels were heightened as they claimed increased and crucial awareness of the client's experience. Not limited to an IP, all family members' emotional experiences were given important consideration. In the exercise, it was reported that participants felt the frustrations, dilemmas, confusions, and pain of decision-making when they were "in someone else's shoes." Other aspects of empathy included awarenesses regarding gender perspectives, deeper listening to tune into the feelings of the speaker, and less objective and detached talk. Supervisees were beneficiaries as well. "As if" exercises "put me in touch with myself" and even helped in understanding one's supervisor. Supervisors noticed an active involvement on the part of their supervisees, that they were "out of their head and into their gut," and

when cases were discussed there was much less theorizing that seemed to be replaced by new understandings.

Category: Applying "As If" to Families

"As if" notions were applied both directly and indirectly to the families that were highlighted in supervision. Direct applications consisted of therapist and family members each taking on a position that was not their own, and thinking and speaking "as if" they were that other person. This type of newness, though frightening, led clients to converse in ways that previously were unknown or not permissible to them. Clients learned to appreciate their therapist's sensitivity and understanding of the intricacies of the situation. Supervisees reported a sense of validation when their clients described this experience. This validation and development of trust gave the therapist permission to make logical sense of a client's world and "push" or challenge family members in sessions.

Families also benefited by indirect means. A difference that was noted in supervision was that the group which normally had concentrated on what the therapist was thinking, switched their focus to other members of the family's ecology. In other words, the systemic perspective was highlighted and became instrumental in the generation of intervention options. The pretend quality of this activity raised both doubt and dedication for supervisees. There was concern about working from "false" assumptions or the bias invoked by creating scenarios that might not be the "right" ones. On the other hand, there was a sense of "reality" because this activity was done in conjunction with real people and could have immense influence on a family. Therefore, there was a greater investment in investigating a multiplicity of possibilities for the family.

Category: Growing Personally and Professionally

The "as if" exercise promoted participant self-examination. Comments covered a range of affirmations as a person and as a growing professional. They included awareness in the use of self, assumptions and preconceived notions, patterns of rigidity and change, as well as not feeling challenged enough because the focus was on case specifics thus maintaining a "first order" method for supervision.

Category: Creating a Safe Environment

This was the most homogenous category in that no one reported feeling unsafe in any way. The primary characteristics of the description related to collegiality, creativity, collaboration, spontaneity, no necessity to defend thinking making it easier to challenge or stimulate further thinking, the benefits of disagreement, clouding role definitions, and tentativeness.

Category: Generating New Ideas

The ideas generated were unique but reflected appreciation of difference, variety, and freedom. No consensus in group thinking, more choices for ways to proceed, bringing covert operations to the overt level, formulating many scenarios in preparation for a touchy situation, and new questions were some of the outcomes of the experience.

The following categories are grouped under an umbrella called unique categories. They emerged as special issues for a subset of the groups.

Category: Therapy and Supervision Isomorphism

There are a number of issues that occur in therapy and that have a counterpart in supervision. This isomorphism became noticeable through the similarity and repetition of statements made about applying "as if" principles to therapeutic work and the supervisory relationship. For example, using "as if" exercises in supervision produced a higher activity level in supervision where cases were talked about differently. It added some variety, fun, and spice to listening to cases. It had a similar effect on the interaction between client and therapist. "As if" was packaged in user-friendly, not overwhelming wrappings for supervisors, supervisees, and families. Listening was affected. Supervisees listened more closely to their colleagues and their families looking for congruences and divergence between those two groups. Confusion was generated regarding roles, drawing incorrect conclusions, both in supervision and face-to-face contact with clients.

Category: Comparing "As If" to Role-Play

Making fine distinctions between listening in an "as if" position and enacting a role seemed to create a considerable stumbling block for quite a few of the participants, especially during the first phase of this project. When the role-play mode was used exclusively, the "as if" experience was called restrictive and contrived. The focus moved from listening to enactment and fulfilling a role prescribed by the therapist's description, almost as if the therapist were a director giving out information rather than receiving it. When the focus returned to listening to "as if" reactions, more comfort and possibilities for discussion and action developed.

Category: Work Setting

Settings where a hierarchical supervisory arrangement is the norm contrasted greatly with settings where collaboration is the normal protocol. In the former, inclusion of "as if" was more difficult as it blurred previously well-defined boundaries. Incorporating "as if" in those settings also created a more dramatic impact toward changing the accepted approach. However, the teams that generally worked in a collaborative fashion also experienced a shift. That shift was described as a move "from providing consensus interventions to non-consensus conversations." It was suggested that this technique could be tried with outside treatment teams, in outside consultation sessions, and could even be generalized to new student and employee interviews and working with colleagues.

Category: Points of Greatest Value

The debate here was that for some of the people the actual thinking and talking "as if" was most beneficial. For others the groups' own debriefing session provided the greatest insight and learning.

Category: Timing

Opinions varied over whether this technique was best used routinely or as an alternate approach. Even in routine use, variability was suggested. Examples are using it for "stuck" cases, in live supervision, or at the request of a therapist with a certain agenda.

Category: Research as Relationship

The following verbatim feedback from the debriefing summary captures the spirit of this category.

All of our comments come from our desires to help you. We operate from a position of wanting to give you something. We are willing participants who are invited in cooperating and in giving you valuable data.

If we didn't care so much, we might (likely) give you less valuable info[rmation] or we might not do it at all. We are working for you more than the ideas embodied in the "as if" notion. We are pleased if you are pleased with our information. Your relationships with us drive this project. We will see things because we want to—for you.

The researcher-research relationship is in big-time operation here.

Category: THANKS

I look forward to meeting with you. I hope for reactions to this narrative and have some questions that have popped up as I sifted through the data. Ames group, I'll see you at 7:00 p. m. on Tuesday, April 26, 1994, at the clinic. Davenport group, meet you at 9:00 a.m. in the observation room on Wednesday, April 27, 1994.

APPENDIX D

SEMI-STRUCTURED INTERVIEW QUESTIONS**RESEARCHER'S PREPARED QUESTIONS**

- Could you have predicted any of your responses prior to this study?
- One of the things that I noticed was that there was inter-group variation. For example, there were more differences between the groups with regard to creative application of "as if," distinction between role-play and "as if," and attention to hierarchy in supervision. However, intra-group variation was largely absent. The individual group members gave similar answers when it came to overall evaluations and general satisfaction levels. Any comments?
- For those groups who felt obstructed by the "as if" procedure, could you talk a little bit about that? (This question was never asked because the information was volunteered by the participants in the discussion.)
- What was your initial motivation to participate in my study? Did that motivation change throughout the course of the study?
- What did you think I was looking for in this study? Did you find yourself working to say things that you thought I wanted to hear?

EXAMPLES OF RESEARCHER'S FOLLOW-UP QUESTIONS

- What if a relative stranger had asked you to participate in this study? Would you?
- Did you only say things you thought that I thought would be helpful?
- How much of your cooperation in this project was related to your relationship with your supervisor?
- Were any of the categories from the narrative surprising or predictable?
- Will you [referring to participants] use this "as if" process in the future?

EXAMPLES OF PARTICIPANTS' QUESTIONS

- How did you [referring to the other teams] do your "as if" technique?
- Did you [referring to other participants] feel like going into this, you had to like it or should like it—like it was going to be positive?
- [One supervisor to another] Did you have knowledge of all the cases?
- Do you [referring to researcher] think you would have received different information if you had interviewed us separately?
- What was your purpose for the meetings [referring to the debriefing and semi-structured interviews]?
- What would you do different in your study if you could?

APPENDIX E

LIST OF TOPICS FROM FIELD NOTES

Team I

- eye opening
- hard to shake opinion
- takes concentration
- read into presenter's words
- confusing
- more options
- forces you to take others' perspective
- challenges thinking
- safe context to entertain other points of view
- look at yourself from clients' perspective
- need flexibility of "as if"
- time effective
- maybe a carryover to other situations
- structure facilitates more information
- isomorphic to motivated family in therapy
- clouded by others' perspectives
- useful technique for therapy
- empathic
- empathic
- open opportunities
- made to promote listening not hypothesizing
- keeps you "centered"
- structure helps
- look at what assumptions you are working from
- useful in gender perspective
- hard to stay in one role

Team II

- second order cybernetics: participant in system--not outside looking in
- greater understanding (cognitive and affective)
- opens possibilities for new behavior
- consider other points of view
- best to act "as if" you are your clients
- beyond cognitive understanding--moved toward vicarious understanding
- useful for client as for therapist--opens thinking
- context for new possibilities
- cognitive and emotional description--not speculation
- carryover effect--learn to be empathic in many settings of life
- takes concentration
- like phone call--"next best thing to being there!"
- useful in specific settings
- measurement tool
- method to convey message to client
- opened new options for client
- enthusiasm
- new ideas
- validating
- collaborative--not hierarchical
- responsibility of process largely in supervisor's hands
- safe way to learn
- vision--understanding--new opportunity
- promotes empathy
- takes work to "as if"
- suspicion of client's honesty

- more systemic
- distinction between role-play and "as if"
- attention given to affect
- useful in supervision and therapy
- less structure
- not a static process
- processing leads to more discussion
- see how "lens" flexibility influences work with family
- how self is used
- pragmatic tool for therapy
- helps understand relationships
- hard to separate self from "as if"
- can't divorce bias from "as if"
- validation is key to process
- safe place to wrestle
- evolving "as if" roles
- *****
- value
- danger of personal bias interfering in therapeutic process
- difficulty in using "as if" process
- difficulty of "reflecting team" model
- utilizing non-initial messages to generate further exploration
- benefits of use of "reflecting team"
- indications of transference
- benefits in helping therapist not set agendas
- intimate vs. non-intimate relationships/trusting
- comes naturally
- disadvantage of role-play
- use with clients
- increase field of opportunities
- assume you know clients' perspective when in fact you may not—odd recursion to process using "as if" ideas back to clients
- self-reflexive
- increases options
- time-consuming
- teaching tool
- benefit for client
- increase field of potential behaviors for clients
- put word in client's' mouth
- see another reality
- push clients to think resources (not the norm)
- not close down
- prevents unthinking routine
- reflexive check
- see things a different way
- less direct way to make covert overt
- *****
- what can be gained from "as if" process
- feelings evolving from use of "as if"
- perspectives on what can be gained when used as a technique
- difference in reactions when assuming opposite roles
- collaboration in reversing roles
- freedom to approach in conversation; lets client be expert of own life
- freedom to be human
- positive results in therapy setting
- opens more exploration
- possible disadvantage if stuck in role hierarchy

- | | |
|---|--|
| <ul style="list-style-type: none"> • cautions to be aware of when giving feedback • advantages for use in therapy and with families • valuable advantages of use • opens avenues for further exploration • identifies agendas • ethical issue/cautions for personal bias • ethical issue/being aware of biases and looking for ways to keep them out of therapeutic setting | <ul style="list-style-type: none"> • advantageous to opening up more dialogue • good use of role-play • using "as if" as a technique • results from debriefing • thought generated by the experience • ways to use process • advantages for use of "as if" process |
| ***** | |
| <ul style="list-style-type: none"> • see things from client's view • familiarity with case interfered • difficult to concentrate on one position • confusing--just possibilities are produced • deeper listening • danger of "false" assumptions • conclusions that may not be applicable • conflicting assumptions prevented keeping any one of them • more options to try • awareness of all participants not just therapist • broadened range of thought • challenged normal ways of proceeding • safety • not invested in defending any one position • perspective, emotions vs. interaction and system recreation • awareness of how therapist might be viewed • an alternative in supervision • not time consuming; more a matter of developing the habit • becoming a habit, more natural way to think • jumping perspectives and not staying in role cost information • gender awareness | <ul style="list-style-type: none"> • feeling it, not watching • empathy • more perspectives and therefore more choices • "in shoes" experience • empathy • new views • making sense of another's behavior • we are naturally myopic/self-centered • trying on others • affect highly affected • affect revelations • learning/understanding • talking differently • permission to go beyond one's normal boundedness • the emotions guided behaviors • talk from the heart and not only the head • self-searching • understanding in supervisory relationship • time-consuming • took practice • not sense of real but openness |

- couldn't stay with structured format
- more like brainstorming
- clouded definition of roles
- each person influenced by previous feedback heard
- developed team work
- reflexive
- use with families too
- complexity recognized
- many positive options
- variety with worldviews
- feeling level
- use with clients
- used more interaction in format
- validation for therapist
- speak freely
- more realistic in exercise
- "as if" just a piece of the whole
- used for a specific purpose
- validation for therapy
- "internalize" another
- think things differently
- from supervisory stance: variety in talk and presentation and activity levels with respect to cases
- confidence builder
- blurs roles of supervisor/supervisee
- concern that it could be used strategically in a negative way
- covert to overt
- what could sound crazy, no longer sounds crazy
- safety in pretend nature
- out of the norm of regular routine
- use with clients as well
- options available
- resource focused
- provided case focus
- disagreement becomes beneficial

DEBRIEF I: LIST OF TOPICS FROM FIELD NOTES

Team III

- insight
- multiple realities
- participant not observer
- validating
- flexibility is best
- student of client
- "on-line"
- select what fits
- vicarious experience
- structured reflecting team
- collaborative
- better in a group?
- useful in therapy
- need to concentrate
- need group
- pragmatic information
- don't plan "as if"
- more relaxed
- useful for family
- freedom
- maximize
- feed information back into system
- *****
- advantage to become connected with client
- ways to use and expand on "as if" process
- responses from observers
- advantage for therapist to generate more conversation

Team IV

- unnatural process
- looking for more structure
- like flexibility
- fluid technique
- tool for freeing thinking
- opportunity to listen
- shake your perspective
- validating
- benefit is in reflection on 'as if' process
- unnatural
- gives information to flesh out therapist's total perspective
- desire to maintain normative supervisory structure
- good tool--not an umbrella
- description--not hypothesizing
- learning experience best as therapist, yet not easy--"hot seat"
- many points of view presented--is the client really represented?
- "as if" validates--may not open up new possibilities
- less structured "as if" might be better
- useful in here and now, not in retrospection
- isomorphism of supervision and therapy
- greater understanding of client
- for the clients' benefit--not for student learning
- good--make more flexible to improve
- *****
- does not promote comfort level
- advantage for use as collaboration
- benefits for use as an alternative

- freedom for more exploring
- facilitative to introspection and ownership
- advantage for use in supervision
- caution
- advantageous
- ways to use and expand "as if"
- generates more input from all members in process
- assessment of process
- *****
- emphasis on client experience
- suggestions for format variation
- an established format
- supervisor: better behavior/attention behind mirror
- offerings to therapist are varied--no consensus
- "user friendly" feedback
- affirmed therapist
- suggested interventions are fresh
- "inside" client
- goes with position of not knowing
- no need to defend a view
- freed therapist from attending to all feedback
- "out of head; into gut"
- therapist use of self
- comparison to reflecting team
- supervisor as process observer rather than in charge
- team members spontaneous and had more to talk about
- regular use
- use with families
- generates new ideas and thoughts from other perspectives
- *****
- changed routine rhythm of supervision
- their interaction diminished
- changed structural format
- disruptive but not intrusive
- an alternate technique
- use on an as-needed basis
- case presenter position most beneficial
- affirmed therapist and therapists' interpretations--not necessarily good
- reiterated therapist construction of reality for family
- some newness
- debriefing after exercise was most beneficial part
- structure stunted dialogue
- affect and cognition focused
- provided ideas for therapist presented frankly
- "as if" does not fit this group's supervision style
- they seemed to implement a role-play
- "as if" reflections come from therapist reality
- gains useful lines to use in therapy
- affirms therapist/reifies those thoughts
- "as if" gives ideas to therapist

DEBRIEF I: LIST OF TOPICS FROM FIELD NOTES

Team V

- difficult for supervisor
- beneficial for therapist
- pragmatic
- processing "as if" experience most beneficial
- multiple realities
- more flexible; "as if" better
- more information generates ideas
- role-play--less information
- see usefulness for client
- goal is performance not generating ideas (role-play)
- preconceived template vs. no template
- makes supervision more validating for therapist--isomorphic to families
- family benefits from process
- *****
- advantages and disadvantages of "as if" in role-play
- role-play not authentic--restricted
- confusion
- cautions to reflecting teams when giving feedback
- how collaboration in supervision can benefit the client/family
- need for clear roles in supervision
- *****
- initial reaction to structure: uncomfortable for supervisor
- not conversational with structure
- debriefing most beneficial
- ideas on how to proceed
- attention to cybernetics
- expanded therapist's realities with respect to family
- more empathy

Team VI

- hard setting for "as if" (hospital)
- "as if" dependent upon philosophy of supervision
- non-directive
- "as if" may not fit into the status quo
- "as if" = collaborative = more feeling, but not directive
- *****
- advantages for use of collaboration
- weakness in hospital setting
- advantages for use at university clinic
- *****
- work context made a difference
- university setting collaborative--another voice on team and natural place for "as if"
- supervision context
- supervisor as observer of process
- collaborative
- context
- more empathy on part of team
- role differentiation

- more empathy
- over time became more natural
- more room to be creative
- its effect/influence on family "real"
- comparison to role-play
- better listening on part of supervisor
- assumptions made explicit; not necessarily a plus
- research as intervention into a system
- fun, creative, and directly beneficial to family
- more collaborative
- collaborative yet sensitive to roles
- supervision less hierarchical

APPENDIX F
TOPICAL CLUSTERS

Major Topics	Unique Topics
• Emphasis on Empathy	• Debriefing
• Personal Change/Development/Challenges to Therapist	• When to Use
• Increasing Options/Possibilities/New Thinking	• Isomorphism of Supervision and Therapy
• Collaborative, Safe, Free Feelings	• Research as Intervention
• Direct/Indirect Applications to Family	• Comparison to Role-Play
• Format Issues	• Research as Relationship

APPENDIX G

FINAL CATEGORIES REVISED

Major Categories	Unique Categories
• "Experimenting with the Format	• Supervision/Therapy Isomorphism
• Empathizing with Clients	• Comparing "As If" to Role-Play
• Applying "As If" to Families	• Work Setting
• Growing Personally and Professionally	• Research as Intervention
• Creating a Safe Environment	
• Generating New Ideas	
• Research as Relationship	

APPENDIX H

PRELIMINARY ANALYSIS

"EXPERIMENTING" WITH THE FORMAT

- done in my head and helped me formulate questions and helped me talk to a client about sensitive things that needed to be broached
- using it in my head
- in the beginning with group, but lately a mental rehearsal
- did "as if" from the researcher's position
- change the structure and uncomfortable--supervisor in therapist position
- not conversational--too contrived--helpful
- disadvantage--the making explicitness was not always necessary
- can be time-consuming
- more realistic in exercise than being with client
- tough to get into it--not a regular thing
- watched session and then did "as if"--first from wife, then husband, then therapist
- provides twist on team process
- suggest use of "as if" on reflecting team
- suggest "as if" from more than one position during one session
- as you are watching session, pick and listen from one of the participant's perspectives
- talk to therapist at break from "as if" positions
- liked free format--structure might have stilted things
- switching positions--family member to member

- the pretend removed the obligation to attend to each team member's feedback
- resembled a reflecting team but each person had a specific assignment
- have family members do "as if" for other family members and act as reflecting teams
- hard to stay in one position--jumped as presenter moved from person to person
- more alternative approach as needed
- use regularly--didn't really take more time but build into habit
- if we don't stay with one role, we lose some feedback
- didn't follow structure exactly--jumped in with feedback--more interactive--lose possibilities by waiting
- last person to give feedback couldn't give "pure" feedback
- clouded definitions of roles
- with new feedback, couldn't stay put
- changeable--related to previous feedback
- staying in role helps listening
- critique each others' roles
- gives a guide to focus on rather than random presentation in agenda
- presenter able to say more--less intrusive because listeners held back on questions
- not too far from routine or initial staffing
- different but not too different
- a flexible group and session
- not that foreign
- different in staying with one rule

- so it was the listening position that added the extra
- we already modified it--took more time to be in different roles
- "this technique doesn't work for me in supervision"
- "inefficient way to process lots of information"
- did not fit or incorporate
- intrusive into established framework
- established routine--talk about a specific case or how cases relate--"this seemed real whereas 'as if' seemed contrived at least how we implemented it"
- more accomplished within their own routine--these issues put on hold during "as if" time
- drawback because they already had established workable plan
- try live
- more interaction with therapist
- intrusive so collectively we decided it wasn't helpful to us and not to use it
- like to see it structured in a different way. Talked and was surprised that this other group liked it
- "I like this position as general instruction"
- try on each position during one case
- comments focused
- richer this time around
- more permutations
- "change of rhythm"
- "juggled"
- had more interaction but "as if" interrupted it

- "as if" listeners began to interact with one another and therefore we missed the give-and-take
- made some changes in the structure—it seemed not structured enough
- yet regular supervision not so structured—do "as if" as if there is a right way—more structured than regular
- disruptive because new and different but not intrusive
- case presenter is the preferred position—more valuable and more difficult
- jotted down quotes
- hemmed in by structure of no dialogue

EMPATHIZING WITH CLIENTS

- "see other side of coin"
- more aware of other clients' experience
- focused in on emotion of entire family--not IP focus
- gender reversal--male/female switch
- deeper listening equals feeling stuff
- the team was more empathetic with family members
- less objective detached talk
- presenting more feeling to therapist
- feel reaction of other rather than looking at it--emotion vs. observation
- felt frustrations, dilemmas, confusions, decisions
- "in someone else's shoes, see things differently"
- better understand plight of others
- feelings erupted from questions asked by supervisor
- considered the feelings of the client when in client position
- example from supervisee (switched places with client)
- spoke from client's position--emotional side and shared with supervisee
- "put me in touch with myself"
- my feelings
- "tool to get into empathy"
- even helps to understand supervisor

- empathize
- value--in tune with feelings
- opens up new understandings
- greater insight into what client was feeling/experiencing
- "gets inside track on client--more immediate"
- "out of head, into gut"
- much less theorizing
- "in tune emotionally"
- more empathy with family member
- became more empathetic
- "reminds us that clients' responses make sense when seen 'in their shoes'"
- appreciate his sensitivity
- therapy turnaround is understanding the client
- "as if" is a way to ask permission to jump into their shoes
- more attention to cognitive and more attention to affect
- for the therapist, information was beneficial, helped track family better
- makes observers more empathic--active involvement, not passive
- insight gained from *all* perspectives, *all* members
- more aware of feelings of family members and their impact on client (IP)
- so it was the listening position that added the extra

APPLYING "AS IF" TO FAMILIES

- created some "false" assumptions
- normally they don't generate what other ecology members are thinking--usually concentrate on what therapist is thinking
- more aware of impact on client--phrases--how family views therapist
- useful to use with family to discover impact one has on another
- try to think from client's point of view
- useful tool to use with clients--explore family connections
- similar to reading the file before meeting clients
- tried it with client--put self in own client's position--helped with coping
- helped me most with clients--put self in client's place
- Supervisee's example
- human perspective--not expert--no brain-busters
- for client, he "internalized" therapist for own decisions and behaviors--client even asked to think as therapist's supervisor
- wonder about honesty of clients
- danger of false assumptions is too strong
- quality more real because it is in conjunction with real people and will have an effect on family--so greater investment
- with client and mom--mom uses it with son--therapist asked son the reverse--they could make sense of misbehavior and reactions and put it into perspective
- validates--trusts instincts--gives permission to push the family
- client appreciates his (therapist's) sensitivity
- "as if" led client who previously had clammed up to talk--gave an opening to conversation

- **appreciate and understand client's perspective**

GROWING PERSONALLY AND PROFESSIONALLY

- helps worker be less defensive
- "helps me to realize that we are really more in tune than we give ourselves credit for"
- approach people more respectfully and therefore no need to be ornery with them
- use term "as if" a lot found it spilled out everywhere
- use of term equals thinking it
- research influences personal growth as therapist
- (supervisor as therapist) pressure to perform a certain way and as family member not sure about the right way
- stimulated creativity
- about therapist--perhaps he was affirmed, generated new lines of inquiry at break
- "greater use of self"
- we are egocentric--filtered through our unique view which is limiting
- validated that therapist was in tune with client
- can inject confidence in supervisee
- made me think of my competency
- "I tend to go in with preconceived notions"
- "different roles help me to see things broader"
- found myself listening deeper to presenter
- good for checking bias about clients
- with a variety of assumptions, didn't get stuck in one assumption
- hearing others helped my role by not following rigid role

- important to validate therapist perspective
- resistant here long standing--"some boundaries that I thought would be there, weren't"
- liked having been exposed, though not a method of choice
- wants more than case specifics--wants opportunity to process personal and professional growth issues in therapy
- felt less challenged using "as if"--affirmed rather than challenged
- "as if" interfered with personal growth--talk remained at content level of case, maintained a "first order" method (more of the same information)
- insightful from supervisee's description of his experience
- changed first impression
- more respectful way to deal with people we serve
- reification (solidification) of characters by therapist by virtue of presentation
- more affirmation

CREATING A SAFE ENVIRONMENT

- freedom
- when family member--hypothesize--more room to be creative
- stuff they came up with was more fun and the product was more beneficial to the family
- easier way to give feedback--forget the analysis
- not real but openness
- not advicey--supervisor not giving direct advice
- "I'm not crazy for thinking this"
- allows for disagreement
- freedom to point it out because not offensive or accusatory--more tentative
- allows clients to disagree with "as if" ideas and suggestions more readily
- more collaborative-looking
- comfortable
- coupled with not-knowing
- no defending of "pet theories"--people's ideas not so invested
- supervisees talked more spontaneously and had more to talk about
- safer to challenge because it's an imaginary role and don't have to defend it
- more like brainstorming
- clouded definition of roles
- the opinions and thoughts are not yours
- our group is unique in that we can speak freely so this was easy

- presenter able to say more, less intrusive because listeners helped with questions
- felt contrived
- continued with collegial and collaborative
- more frank and direct with therapist

GENERATING NEW IDEAS

- put self in their position and came up with questions
- catalyst for creativity
- variety of opinions
- no consensus
- so similar to reflecting team--focus on different parts and reflect differences giving therapist and family wider range of choice
- hard to do more than offer possible options--confusion
- conflicting assumptions so couldn't get locked into one
- whole group produced many options--more choices of ways to proceed
- generated therapist options
- brainstorming
- good to get all possibilities at once
- hearing other perspectives helps me to see my own
- bias issues--doing a role--mixing in my experience with the "as if" role--just offering possible options (not a positive comment)
- gave new point of view on achieving resolution
- taking new and more things into consideration
- translates to different behaviors and different appreciation of things
- options
- helped therapist help his client think of different things differently
- bring covert to overt--point out these possibilities
- helped me formulate different scenarios to prepare for a touchy situation

- multi-experiential because trying so many variations--one case can be like ten
- intention to generate idea for the therapist
- got stuck with what they "really"--shedding "really" perspective
- provided additional options so not just stuck at routine initial staffing
- still gives additional views and possibilities

RESEARCH AS RELATIONSHIP

- blurs roles of supervisees/supervisor
- no need to be directive
- not strong directive position at university but expert at hospital
- "as if " packaged in user friendly--not overwhelming wrappings
- compared client's feedback with supervisor's
- All of our comments come from our desires to help you. We operate from a position of wanting to give you something. We are willing participants who are invited in cooperating and in giving you valuable data.

If we didn't care so much, we might (likely) give you less valuable information or we might not do it at all. We are working for you more than the ideas embodied in the "as if" notion. We are pleased if you are pleased with our information. Your relationships with us drive this project. We will see things because we want to--for you.

The researcher-research relationship is in big-time operation here.

- comments on writing--had previously softened comments during first interview
- obligation because of an agreement to participate
- catalyst for collegiality along with other factors in motion

THERAPY AND SUPERVISION ISOMORPHISM

- "as if" is another snapshot of a client's world
- more activity level in supervision--talk about cases differently--added variety, fun, and spice to listening to cases
- expedite stuckness
- can inject confidence
- blurs roles
- not advicey
- could be used strategically to talk to supervisees in ways that would be problematic if roles not clearly defined
- difficult to get into because not familiar
- shakes up the supervisor-supervisee roles--that's good
- in supervision-of-supervision, natural extension of collaborative nature
- not strong directive position is expected, but expert position expected at the hospital
- tries to put self in supervisee's place
- "as if" coupled with "not knowing"
- "as if" information packaged in user-friendly--not overwhelming
- process observer on part of supervisor--neither supervisor had to be in charge--therefore, supervisors talked more spontaneously
- confusion not advantageous
- listening deeper to presenter--find out what is not said
- roles challenged beyond what normally occurs
- danger of drawing incorrect conclusions

- like six therapists working on one case
- more natural
- makes supervision less hierarchical--let go with my explicit permission
- made sensitive to hierarchy--boss and yet collaborative as long as roles are clear
- approach people more respectfully--no need to be ornery with them
- "as if" here and now and future
- as therapists, we need to adapt in therapy and in supervision
- an enrichment from the first time
- liked it, more comfortable
- practice made it easier to get out of own head
- insight gained from all perspectives and all members
- sell "as if" as good learning for other
- an issue of "fit"

COMPARING "AS IF" TO ROLE-PLAY

- if I were you = telling somebody what to do
- fitting into a perspective--not interaction
- concentrating on emotions, reaction
- didn't recreate system
- role-playing more fitting into role
- role-play more restrictive
- role-play more contrived
- in role-play focus on acting and fulfilling a role
- no distinction--lessened own position in role-play
- too stuck in role-play method
- concept of role-play prevented transformation to the fine but important distinctions of "as if," so all they got was re-enactment. Even eavesdropping metaphor didn't seem to help
- couldn't, and still can't, see the difference between the two

WORK SETTING

- may be more difficult with more than one person
- greater impact at hospital--changed that greatly
- hospital hierarchical
- university clinic assumed collaborative--removes pressure of supervision--another voice on the team so no need to be directive
- team context shift ("from providing consensus interventions to non-consensus conversations")
- in the regular setting (hospital) more assumptions are unsaid
- suggest trying in a different context--even in consultation
- generalizes to other contexts, people, i.e. students applying to program, colleagues, how others view us
- use in staffings, nice way to get perspectives from treatment team and family or just treatment team
- best in live supervision, stuck cases, consultation

RESEARCH AS INTERVENTION

- found self slipping into "as if" without formal direction
- the research provided an intervention that changed the context and nature of supervision to a more collaborative interaction. It was even extended to a setting where that has not been usual mode of operation.
- the team behind the mirror paid more attention given their observation assignment. It was quieter behind the mirror and the characteristic of consensus in the talk disappeared.
- combined reflecting team with "as if"
- mixed things up and got me to thinking about various formats
- bringing covert to overt levels
- tried with other therapists at hospital--inferred they liked it
- enjoyed it, stimulated discussion
- supervision relationship-greater ease in group, liberating within group, even more laid back than normal
- we have been going out more
- a new wrinkle in presenting cases
- so it was the listening position that added the extra
- "As if" becomes a new term and other terms revolve around it. I'm associating "empathy," "client-centered," flexibility," and "staffings," with the "as if" technique/approach. It has become a "buzz word" for your study. "As if" this--"as if" that. What does it mean for you? for others? Subjectively, we all spin it in different ways. What of our perceptions of therapy, supervision, etc. have undergone change?

Could the participants (or anyone for that matter) have predicted his/her responses, conclusion prior to this study? Are the responses given such a part of the respondent's "personality" that his/her responses could be anticipated with no need to test them?

LEFTOVER TOPICS

- the actual doing it was more influential than the debriefing
- debriefing most beneficial--more conversational, ideas on how to proceed, attention to cybernetics, expanded therapist realities with respect to family
- today (interview) was the first time to reflect on my own experience of using "as if"
- disagreement may promote discussion
- favor technique as an alternative
- try it routinely
- use it for specific reasons--to meet certain goals for the therapist
- rather a helpful tool
- value for "stuck case" consultation
- newness from the debriefing--reflecting, i.e. focused on a different family member
- processing more beneficial because there was more dialogue
- useful in "stuck cases" if therapist thought it would help
- maybe easier to incorporate in a newly-forming group
- "live" may be the context of choice with all filtered through therapist
- ask for group to do it if feeling stuck
- could be used on routine basis--own debriefing valuable